173-8A

# Department of Health & Mental Hygiene, Vital Records

# Birth Certificates

# Baltimore City

**STATE OF MARYLAND**

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

# Numerical Order

## Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

# CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

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Sunhild D Bolander

Date July 27, 1978

# STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

# RETURN OF A BIRTH. 82538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored of race
3. Date of Birth, 3rd of April 1897
4. Place of Birth, (Street and Number) 613 Madeira st
5. Full Name of Mother, Wilhelmina Powell
6. Mother's Maiden Name, Wilhelmina Sargent
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert Powell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Sarah Ann Jones

Address, 525 Patterson Park ave.

Remarks,

64-0002630

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner of Health, and shall enter the same in a book to be kept for that purpose, to be called the register of such births, and shall enter the same in a book to be kept for that purpose, to be called the register of such births, and shall enter the same in a book to be kept for that purpose, to be called the register of such births

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# RETURN OF A BIRTH. 82533

GIVEN NAME ADDED 2/17/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HAMILTON O. GREEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 11 1897
4. Place of Birth, (Street and Number) 1302 Division Street
5. Full Name of Mother, Lucretia Green
6. Mother's Maiden Name, Lucretia Spriddle
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Frank Green
9. Father's Occupation Laber
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, [redacted] S. Dist

Address, 1617 Coldson Street

Remarks,

89-0002631

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82534

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 19th 1899 |
| 4. Place of Birth, (Street and Number) | 602 E. 2nd St. |
| 5. Full Name of Mother, | Lotta Edwina Gillebury |
| 6. Mother's Maiden Name, | Lotta Edwina Crockett |
| 7. Mother's Birthplace, | Rockland Maine |
| 8. Full Name of Father, | William J. Gillebury |
| 9. Father's Occupation | Physician |
| 10. Father's Birthplace, | At Sea Atlantic Ocean |
| Name of Medical Attendant, or other person who makes this Return, | Ag Horn M.D. |
| Address, | 713 York Road |
| Remarks, | |

89-0002632

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21, 97.
4. *Place of Birth, (Street and Number)* 1742 H. Eastern av.
5. *Full Name of Mother,* Stella Secci
6. *Mother's Maiden Name,* Stella Cotone
7. *Mother's Birthplace,* Cantalupo Italy
8. *Full Name of Father,* Antonio Cotone
9. *Father's Occupation* Leber
10. *Father's Birthplace,* Cantalupo Italy

*Name of Medical Attendant, or other person who makes this Return,* Palma Tannarelli

*Address,* 923 Eastern avenue

*Remarks,*

89-00002633

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82536

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* ~~Female~~ Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apl. 25. 97
4. *Place of Birth, (Street and Number)* 209 W 24th St.
5. *Full Name of Mother,* Mary Allen Smith.
6. *Mother's Maiden Name,* Mary Allen
7. *Mother's Birthplace,* Balto Co. Md
8. *Full Name of Father,* Ferdinand Smith.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto Co Md

*Name of Medical Attendant, or other person who makes this Return,* Thomas J. Talbott M.D.

*Address,* 2605 Pennsylvania Ave

*Remarks,* Premature Birth 6 months

07-0002634

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

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1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82537

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27 — 1899
4. *Place of Birth, (Street and Number)* 302 S. Ann St.
5. *Full Name of Mother,* Lizzie Doenges
6. *Mother's Maiden Name,* Urban
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Doenges
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Pratt St.

*Remarks,*

89-00002635

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 27th
4. Place of Birth, (Street and Number) 742 Penna. Ave.
5. Full Name of Mother, Annie M. Loesch
6. Mother's Maiden Name, Goepfert
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jacob Loesch
9. Father's Occupation Dealer in Wood & Willow Ware
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 W. Lexington St

Remarks,

897 0002636

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 82539

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | Male |
| *2. Race or Color (if not of the white race),* | White |
| *3. Date of Birth,* | April 27th. 1897 |
| *4. Place of Birth (Street and Number),* | 410 Hoffman Street, West |
| *5. Full Name of Mother,* | Mary May Garner |
| *6. Mother's Maiden Name,* | " " " |
| *7. Mother's Birthplace,* | Harrisburg Pa. |
| *8. Full Name of Father,* | Ralph Plowman |
| *9. Father's Occupation,* | Bridge builder & Contractor |
| *10. Father's Birthplace,* | York County, Pa. |
| *Name of Medical Attendant,* or other person who makes this Return. | M. Magdalene Warner M.D. |
| *Address,* | 410 Hoffman Street, West |
| *Remarks,* | |

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and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH. 82540

To the Office of Registrar of Vital Statistics, Board of Health,

*BALTIMORE CITY.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | April 27th 1897 |
| 4. *Place of Birth (Street and Number)* | 426 N Exeter St |
| 5. *Full Name of Mother* | Kate Mateer |
| 6. *Mother's Maiden Name* | Trost |
| 7. *Mother's Birthplace* | Germany |
| 8. *Full Name of Father* | Wm. Mateer |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace* | Maryland |
| *Name of Medical Attendant,* or other Person who makes this return | Same |
| *Address* | 426 N Exeter St |
| *Remarks* | Balto Md |

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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# RETURN OF A BIRTH. 82541

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | April 2 1897 |
| 4. Place of Birth, (Street and Number) | 925 Fell St |
| 5. Full Name of Mother, | Maria Boochop |
| 6. Mother's Maiden Name, | " Lukofska |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | John Boochop |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | Maria Keifer |
| Address, | 724 S Ann St |
| Remarks, | |

8970002639

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82542

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April the 27-18-97 |
| 4. *Place of Birth, (Street and Number)* | Pratt st No. 1411 |
| 5. *Full Name of Mother,* | Elizabeth dowling |
| 6. *Mother's Maiden Name,* | Elizabeth Leonard |
| 7. *Mother's Birthplace,* | Alexandria |
| 8. *Full Name of Father,* | Samuel dowling |
| 9. *Father's Occupation* | Foreman at the Baltimore and Ohio Round House |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs D. Kelly |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | |

1897U002640

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82543

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th
4. Place of Birth, (Street and Number) 407 Calvert Av. Waverly
5. Full Name of Mother, Katie A. Scally
6. Mother's Maiden Name, Katie A. Duke
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Malachi Scally
9. Father's Occupation Engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. J. Wise M.D.

Address, 704 Edmondson Ave.

Remarks, Please send me some Official Envelopes.

8970002641

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82544

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27
4. *Place of Birth, (Street and Number)* 1123 E. Lexington St
5. *Full Name of Mother,* Annie Tannigburg ~~Rus.~~
6. *Mother's Maiden Name,* " Tannigburg ~~Russia.~~
7. *Mother's Birthplace,* Padolzia Russia
8. *Full Name of Father,* Isic Tannigburg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Padolia Rus.

*Name of Medical Attendant, or other person who makes this Return,* Mrs Yetta Klavansky

*Address,* 1022 E. Lombard St.

*Remarks,*

8970002642

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# RETURN OF A BIRTH. 82543

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 27th of April 94. |
| 4. *Place of Birth, (Street and Number)* | 313 Forrest St |
| 5. *Full Name of Mother,* | Mage Büchel |
| 6. *Mother's Maiden Name,* | Magd Steindler |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | William Büchel |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Heiter midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8970002643

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82546

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27 1897
4. *Place of Birth, (Street and Number)* 1223 Madison Ave.
5. *Full Name of Mother,* Barbara Lilling
6. *Mother's Maiden Name,* Fuchsmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Lilling
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant, or other person who makes this Return,* Wm Münch

*Address,* 800 Leadenhall Street.

*Remarks,*

1897 0002644

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82547

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 April 1897
4. Place of Birth, (Street and Number) 712 E Fort ave
5. Full Name of Mother, Annie Peter
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Peter
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. A. Brookes

Address, 828 Light st

Remarks, Home Well

8970002645

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82548

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7 1897
4. Place of Birth, (Street and Number) 928 E. Eager
5. Full Name of Mother, Catherine McLeary
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, David McLeary
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address, 1007 N. Broadway

Remarks,

B 970002646

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 82549

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 1

1. Sex, (state whether male or female) Male-
2. Race or Color, (if not of the white race) Black-
3. Date of Birth, April 27 - 97 -
4. Place of Birth, (Street and Number) 214 N Stone St -
5. Full Name of Mother, Ina Ross
6. Mother's Maiden Name, Winburn
7. Mother's Birthplace, Md -
8. Full Name of Father, Wm Ross
9. Father's Occupation Laborer
10. Father's Birthplace, Md -

Name of Medical Attendant, or other person who makes this Return, Oscar Simpkins

Address, 1111 Hull Hosp

Remarks,

8 9 7 0 0 0 2 6 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82550

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Stanley Frank

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 22 27
4. Place of Birth, (Street and Number) Garrett Mercy
5. Full Name of Mother, Josepha Sulinsky
6. Mother's Maiden Name, Gonesky
7. Mother's Birthplace, Russia
8. Full Name of Father, Frank Sulinsky
9. Father's Occupation Mechanic
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Johanna Jonske

Address, Garrett Mercy

Remarks, 4-12-54 L.M.

8 7 0 0 0 2 6 4 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately on the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of midwifery, or should no or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82551

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in the books of his office. Every midwife who shall have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 27 th April 1897
4. Place of Birth, (Street and Number) 103 W Montgomery St
5. Full Name of Mother, Barbara Dorr
6. Mother's Maiden Name, Metschaneun
7. Mother's Birthplace, Germany
8. Full Name of Father, John Dorr
9. Father's Occupation Basket maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Elizabeth Tyeneelle

Address, 650 E Fort ave

Remarks,

8 9 7 0 0 0 2 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82552

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the last return, the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, April 2th 1897
4. Place of Birth, (Street and Number) 2639 Homan A
5. Full Name of Mother, Mary Nichen
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, George H Nichen
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Mrs Dulany M.D.

Address, John Hopkins Hospital. Baltimore. Md.

Remarks,

1897 0002650

Wm. J. C. Dulany Co., City Printers and Stationers

FILM 6501

CERTIFICATE AMENDED 11-10-76

# RETURN OF A BIRTH. 82553

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARY LIBBIE TRAVERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th April - 1897
4. Place of Birth, (Street and Number) 132 Carroll Ave Travers
5. Full Name of Mother, Ida Eugene Travers
6. Mother's Maiden Name, Ida Eugene Beatley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank Hooper Travers
9. Father's Occupation Car Inspector
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury, M.D.

Address, 607 E. 27th St.

Remarks,

8970002651

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or supervision it occurs, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A BIR

82554

To the Office of Registrar of Vital Statistics, Board of Health

Extract Regulations of the

**Record of Vital Statistics in the City of Baltimore.**

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter given, on the third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no one be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons having charge of the child to report its birth to the Commissioner of Health, in the manner and within the period above mentioned; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 ad |
| 1. *Sex, (state whether male or female)* | Mal |
| 2. *Race or Color, (if not of the white race)* | Whi |
| 3. *Date of Birth,* | April |
| 4. *Place of Birth, (Street and Number)* | 623 L |
| 5. *Full Name of Mother,* | Mary |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | Wm Granger |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | Edwin K. Ballard M |
| *Address,* | |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

1897 0002652

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovcrable.

# RETURN OF A BIRTH. 82555

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black-
3. *Date of Birth,* April - 28 - 97 -
4. *Place of Birth, (Street and Number)* Md Gen'l Hosp.
5. *Full Name of Mother,* Rebecca Lowery
6. *Mother's Maiden Name,* Jones -
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Alfred Johnson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, Dr. Lumpkin

*Address,* Md Gen'l Hosp

*Remarks,*

8970002653

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82556

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28
4. *Place of Birth, (Street and Number)* 917 E. Pratt St
5. *Full Name of Mother,* Mary Goring
6. *Mother's Maiden Name,* Mary Goring
7. *Mother's Birthplace,* Grodno Russia
8. *Full Name of Father,* Solomon Goring
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Grodno Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Getta Klavanstag

*Address,* 1022 E. Lombard St.

*Remarks,*

8970002654

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82557

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 97
4. *Place of Birth, (Street and Number)* 3 4 Wilkens Ave.
5. *Full Name of Mother,* Mary O'Leary
6. *Mother's Maiden Name,* " Carey
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John C. O'Leary
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* Mrs. Reisenhofer

*Address,* 341 S. Washington St.

*Remarks,*

8970002655

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 82558

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29. 1897
4. *Place of Birth, (Street and Number)* 1153 Riverside Ave
5. *Full Name of Mother,* Maggie Graf
6. *Mother's Maiden Name,* Mester
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Graf
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Carolina Schwarz

*Address,* 434 Fort Ave.

*Remarks,*

8 9 7 0 0 0 2 6 5 6

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82559

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 423 Mo[illegible] 29th 1907
4. Place of Birth, (Street and Number) 423 West [illegible]
5. Full Name of Mother, Mrs. Lucinda [illegible]
6. Mother's Maiden Name, " Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Lucas
9. Father's Occupation [illegible]
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front St

Remarks,

8970002657

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 4/9/47

# RETURN OF A BIRTH. 82560

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME FLORENCE BETTY ~~CUMMING~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 April
4. Place of Birth, (Street and Number) 1113 Barclay St
5. Full Name of Mother, Blanche Cumming
6. Mother's Maiden Name, [illegible] Knapp
7. Mother's Birthplace, Phila Pa
8. Full Name of Father, Horace [illegible]
9. Father's Occupation Salesman
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Miss K Hillig

Address, 1302 E Lexington St

Remarks,

8970002658

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82561

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 29 97 |
| 4. *Place of Birth, (Street and Number)* | 117 Hare St. |
| 5. *Full Name of Mother,* | Maggie Ryan |
| 6. *Mother's Maiden Name,* | M. Reuter |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John E. Ryan |
| 9. *Father's Occupation* | Telegraph Op. |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Rev. Deibenhofer |
| *Address,* | 241 S. Washington St. |
| *Remarks,* | |

8970002659

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82562

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1897.
4. Place of Birth, (Street and Number) 1720 Holbrook st
5. Full Name of Mother, Julia Ann Demoss
6. Mother's Maiden Name, " " Wright
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Oscar Willard Demoss
9. Father's ~~Birthplace~~ Occupation Baltimore County
10. Father's ~~Birthplace~~ Occupation Blacksmith

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8970002660

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1236]

# RETURN OF A BIRTH. 82563

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29 — 1897
4. *Place of Birth, (Street and Number)* 2049 Canton Ave
5. *Full Name of Mother,* Carry Ritter
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Riter
9. *Father's Occupation* Carver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Fratt St.

*Remarks,*

8470002661

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 8254

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29/97
4. *Place of Birth, (Street and Number)* 120 So Schroder St
5. *Full Name of Mother,* Mary Reed
6. *Mother's Maiden Name,* " J Whalen
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Reed
9. *Father's Occupation,* Iron Molder
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return. Mrs. O'Hayes

*Address,* 924 Hollins St

*Remarks,*

8970002662

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 82565

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 St |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 29/92 |
| 4. *Place of Birth, (Street and Number)* | 599 South Bond St |
| 5. *Full Name of Mother,* | Mary Kosakowska |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Astra |
| 8. *Full Name of Father,* | Leon Kosakowski |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Annie Grochmal |
| *Address,* | #1710 Alice Anna St |
| *Remarks,* | full-time |

8470002663

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82566

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2d) second.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, April 29th 1877.
4. Place of Birth, (Street and Number) 504 Vincent St. Baltimore M. D.
5. Full Name of Mother, Lillie Craig.
6. Mother's Maiden Name, Lillie Mekkies.
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, William Dearen.
9. Father's Occupation Briesmaker.
10. Father's Birthplace, Baltimore. M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Weinhardt.

Address, West. Pratt. st. 1631. Baltimore M. D.

Remarks,

8 4 7 0 0 0 2 6 6 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82567

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 29th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1032 Sterling St. |
| 5. *Full Name of Mother,* | Mary E Bruning |
| 6. *Mother's Maiden Name,* | Mary E Lyons |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry K Bruning |
| 9. *Father's Occupation* | Printer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Anne C Brien |
| *Address,* | |
| *Remarks,* | |

8970002665

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82568

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Born Thursday April 29
4. *Place of Birth, (Street and Number)* 614 E Pratt Street
5. *Full Name of Mother,* Annie Eliza Beckett
6. *Mother's Maiden Name,* Annie Eliza Lockyman
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Jacob Thomas Beckett
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Eastern Shore Virginia

*Name of Medical Attendant,* or other person who makes this Return, Annie E Lockyman

*Address,* 871 Byard Street

*Remarks,*

8970002666

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82569

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29 1897
4. *Place of Birth, (Street and Number)* 1122 E Lombard St
5. *Full Name of Mother,* Minnie Cohen
6. *Mother's Maiden Name,* Minnie Baker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Cohen
9. *Father's Occupation* Store-keeper
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Rosa Finkberg

*Address,* 20 S Lloyd St

*Remarks,*

8970002667

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82570

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th April 1897
4. Place of Birth, (Street and Number) Baltimore Md. 314 S. Eppleton st
5. Full Name of Mother, Annie Burns
6. Mother's Maiden Name, Annie Schram
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Burns
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Hines Nurse

Address, 921 Ryan st

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

8970002668

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82571

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th April
4. Place of Birth, (Street and Number) 3036 O'Donnell St.
5. Full Name of Mother, Annie C. Poole
6. Mother's Maiden Name, Finemore
7. Mother's Birthplace, City
8. Full Name of Father, Edward Poole
9. Father's Occupation Superintendant Oil works
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, C. P. Evans

Address, 1832 E. Baltimore St

Remarks,

8 4 7 0 0 0 2 6 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | April 30 (12 min before midnight) 1897 |
| 4. *Place of Birth, (Street and Number)* | No 125 Milton Av. |
| 5. *Full Name of Mother,* | Catharine Brady. |
| 6. *Mother's Maiden Name,* | " Spencer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George B Brady |
| 9. *Father's Occupation* | Watchman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | J. Ridgway André M D |
| *Address,* | 1123 E Balto St |
| *Remarks,* | |

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82573

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30 1897
4. Place of Birth, (Street and Number) 39 E Lloyd St
5. Full Name of Mother, Annie Cohn
6. Mother's Maiden Name, Annie Moderick
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Cohn
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 25 E Lloyd St

Remarks,

8970002671

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 82574

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* April 3/97
4. *Place of Birth (Street and Number),* 3 & E Twenty Second St
5. *Full Name of Mother,* Gesela Pohl
6. *Mother's Maiden Name,* Gesela Benner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fritz Pohl
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return. M S Schell M.D.

*Address,* 1941 Druid Hill ave.

*Remarks,*

8970002672

The Baltimore Publishing Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82575

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one. 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord.
3. *Date of Birth,* April 2- 1897.
4. *Place of Birth, (Street and Number)* 1360 Whetcoat. st.
5. *Full Name of Mother,* Inzetta Spriggs.
6. *Mother's Maiden Name,* Inzetta Spriggs
7. *Mother's Birthplace,* Calvert County. Md
8. *Full Name of Father,* William Smith.
9. *Father's Occupation* Driving Wagon
10. *Father's Birthplace,* Baltimore. Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Sarah Rollins

*Address,* 1635 Vincent alley

*Remarks,*

8 9 7 0 0 0 2 6 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11. 1877
4. *Place of Birth, (Street and Number)* Baltimore E. N. Hill St
5. *Full Name of Mother,* Annie McMahon
6. *Mother's Maiden Name,* Annie O'Neill
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John J McMahon
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Brooklyn New York.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Taylor

*Address,* 41 Bedford alley

*Remarks,*

8477002674

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

# RETURN OF A BIRTH. 82577

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 18 1897
4. *Place of Birth, (Street and Number)* 1641 Vincent alley
5. *Full Name of Mother,* Mary Watkins
6. *Mother's Maiden Name,* Mary Watkins
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* Patrick Wilson
9. *Father's Occupation* farmer
10. *Father's Birthplace,* Calvert Co Md

*Name of Medical Attendant,* or other person who makes this Return, Sarah Rollins

*Address,* 1335 Vincent Alley

*Remarks,*

8 4 7 0 0 0 2 6 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* the Third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* April 21 th
4. *Place of Birth, (Street and Number)* 1642 Pennsylvania Ave
5. *Full Name of Mother,* Miller Forrester
6. *Mother's Maiden Name,* Miller Lee
7. *Mother's Birthplace,* Queens Co and
8. *Full Name of Father,* Richard Forrester
9. *Father's Occupation* Labor Work
10. *Father's Birthplace,* Calvert Co

*Name of Medical Attendant,* or other person who makes this Return, Sarah Robens

*Address,* 1635 Pennsylvania Ave

*Remarks,*

8 9 7 0 0 0 2 6 7 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25 1897
4. Place of Birth, (Street and Number) 130 N Lee St Baltimore
5. Full Name of Mother, Mary A Morgan
6. Mother's Maiden Name, Mary Cluney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac C Morgan
9. Father's Occupation Clerk
10. Father's Birthplace, Calvert County, md

Name of Medical Attendant, or other person who makes this Return, Wm Taylor

Address, 41 Guilford Ave

Remarks,

8970002677

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82580

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26
4. Place of Birth, (Street and Number) 820 Scaleston road
5. Full Name of Mother, Cora Estell Talbott
6. Mother's Maiden Name, Cora Estell Frances
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Justus N Talbott
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Tenney

Address, 2847 Lanvale St

Remarks,

8 9 7 0 0 0 2 6 7 8

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82581

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28. 1877
4. *Place of Birth, (Street and Number)* Camden st-10
5. *Full Name of Mother,* Jennie Cushon
6. *Mother's Maiden Name,* Jennie Reese
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Tony Cushon
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Taylor

*Address,*

*Remarks,*

8 9 7 0 0 0 2 6 7 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82582

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1897
4. *Place of Birth, (Street and Number)* 505 Bloom st
5. *Full Name of Mother,* Frances Elizabeth Blake
6. *Mother's Maiden Name,* Frances Elizabeth Sheldon
7. *Mother's Birthplace,* Staunton Va.
8. *Full Name of Father,* George A. Blake
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Maria Jones

*Address,* 1337 Orchard st

*Remarks,*

8 9 7 0 0 0 2 6 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82583

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~female~~ B

1. Sex, (state whether male or female) ~~color~~ female

2. Race or Color, (if not of the white race) color

3. Date of Birth, april 10 1897

4. Place of Birth, (Street and Number) 1122 n wolcott st

5. Full Name of Mother, hattie Daniels

6. Mother's Maiden Name, hattie Bundy

7. Mother's Birthplace, virginia

8. Full Name of Father, Steward

9. Father's Occupation Baltimore

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, maria jones

Address, 1337 n wolcott

Remarks,

8 9 7 0 0 0 2 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall perform any operation of midwifery for hire, gain or expectation of reward, shall, within ten days after the birth of the child, cause the same to be registered, and shall ascertain and return the sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82584

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21st 1897
4. *Place of Birth, (Street and Number)* 1022 N. Mount St
5. *Full Name of Mother,* Mary Virginia Hurley
6. *Mother's Maiden Name,* Mary Virginia Purdy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. L. Hurley
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Maria Jones

*Address,* 1337 Whatcoat St.

*Remarks,*

8970002682

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1346.]

# RETURN OF A BIRTH. 82585

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Apr. 21st. 1897.
4. *Place of Birth, (Street and Number)* 1012. E. Fayette St.
5. *Full Name of Mother,* Sarah Labovitch
6. *Mother's Maiden Name,* Sarah Geicher
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Bare Labovitch.
9. *Father's Occupation* Drug Shop.
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Scherman.

*Address,* 42. Albemarle St.

*Remarks,*

8970002683

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82586

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 22nd of April 1897.
4. *Place of Birth, (Street and Number)* 215 S. Eden St.
5. *Full Name of Mother,* Mary Shore.
6. *Mother's Maiden Name,* Mary Goodmann
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Shore
9. *Father's Occupation* Manufacturer of Clothing.
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Scherman.

*Address,* 42. Allemarle St.

*Remarks,*

8970002684

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1256

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82587

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6te

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24ten of April
4. *Place of Birth, (Street and Number)* 2122 Chalverton Road
5. *Full Name of Mother,* Elizabeth Metzger
6. *Mother's Maiden Name,* Fiely
7. *Mother's Birthplace,* Landenhausen Germany
8. *Full Name of Father,* Karl Metzger
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Tillenburg Gmany

*Name of Medical Attendant,* or other person who makes this Return, Anna Baughold

*Address,* 1914 West Pratt Street

*Remarks,*

8970002685

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1236.]

# RETURN OF A BIRTH. 82588

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th of April 1897
4. Place of Birth, (Street and Number) 621, N. Charles St.
5. Full Name of Mother, Jennie Shine.
6. Mother's Maiden Name, Jennie Korinitz.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Morris Shine.
9. Father's Occupation Storekeeper.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, E. Scherman.

Address, 42. Allemarle St.

Remarks,

8970002686

Wm. J. C. Dulany Co,. City Printers and Stationers.

1235.]

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82589

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* White Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 26th 1897.
4. *Place of Birth, (Street and Number)* 909. E. Baltimore
5. *Full Name of Mother,* Gertie Jakobson.
6. *Mother's Maiden Name,* Heinkrautz.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Chas Jakobson
9. *Father's Occupation* Storekeeper.
10. *Father's Birthplace,* Russia

*Name of Medical Attendant, or other person who makes this Return,* E. Schaerman.

*Address,* 42 Altemarle St.

*Remarks,*

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Wm. J. C. Dulany Co,. City Printers and Stationers.

[FORM 1236.]

# RETURN OF A BIRTH. 82590

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Apr. 28th 1897.
4. *Place of Birth, (Street and Number)* 212 Caroline St.
5. *Full Name of Mother,* Beckie Bronestein.
6. *Mother's Maiden Name,* Beckie Seigel.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Sam Bronestein.
9. *Father's Occupation* Jewelry Stand.
10. *Father's Birthplace,* Austria.

*Name of Medical Attendant,* or other person who makes this Return, E. Scherman.

*Address,* 42 Albemarle St.

*Remarks,*

8970002688

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82591

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin Herbert ~~Llewellyn~~ Llewellyn

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th of April 1907
4. *Place of Birth, (Street and Number)* Baltimore, 1516 E. Preston St
5. *Full Name of Mother,* Mary Llewellyn
6. *Mother's Maiden Name,* Mary Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hugh J. Llewellyn
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* E. Scherman

*Address,* 42 Albemarle St.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82592

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12 1897

4. Place of Birth, (Street and Number) 2016 Oliver St.

5. Full Name of Mother, Hale Ingram

6. Mother's Maiden Name, Hale Ingram

7. Mother's Birthplace, Balto

8. Full Name of Father, Martin Ingram

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carter

Address, 213 E Heath

Remarks, Living Child

8970002690

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82593

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 13 1897 |
| 4. *Place of Birth, (Street and Number)* | 14 Gould's Lane |
| 5. *Full Name of Mother,* | Lillie Hartenstine |
| 6. *Mother's Maiden Name,* | Lillie Ball |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John Hartenstine |
| 9. *Father's Occupation* | Grocer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr R. Lankau |
| *Address,* | 213 E South |
| *Remarks,* | Living Well |

8 9 7 0 0 0 2 6 9 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82594

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 14 1894 |
| 4. *Place of Birth, (Street and Number)* | 36 E Barnett |
| 5. *Full Name of Mother,* | Anna Harding |
| 6. *Mother's Maiden Name,* | Anna Feland |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Charles Harding |
| 9. *Father's Occupation* | Brakeman Howard Co |
| 10. *Father's Birthplace,* | Howard Co |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr R Causey |
| *Address,* | 136 E Eutaw |
| *Remarks,* | Living Well |

8 9 7 U 0 0 2 6 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82595

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 July 20th 1897

4. Place of Birth, (Street and Number) Dental Infirmary 4 N. Eutaw City

5. Full Name of Mother, Annie M. Adams

6. Mother's Maiden Name, Annie M. Myers

7. Mother's Birthplace, Lancaster Pa

8. Full Name of Father, John L. Adams

9. Father's Occupation Driving Clerk

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Foster

Address, 1622 E. Lanvale St

Remarks,

8970002693

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...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82596

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, ninth of April.

4. Place of Birth, (Street and Number) 433 E. Preston St.

5. Full Name of Mother, Maggie Gemmill

6. Mother's Maiden Name, Maggie Brent

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Cody Gemmill

9. Father's Occupation ~~Engineer~~ Fireman.

10. Father's Birthplace, Monkton Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mrs Woodcox

Address, 1000 E. Hoffman st.

Remarks,

8 4 7 0 0 0 2 6 9 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82597

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The third Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 20th |
| 4. *Place of Birth, (Street and Number)* | 624 North Front St |
| 5. *Full Name of Mother,* | Mrs Louisa Gosnell |
| 6. *Mother's Maiden Name,* | Miss Louisa Hoffman |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Charles Reid Gosnell |
| 9. *Father's Occupation* | Tinware Packer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Wm. Wood Jr |
| *Address,* | 1010 E. Hoffman St. |
| *Remarks,* | |

8 9 7 0 0 0 2 6 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82598

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | April 20th 1897 |
| 4. *Place of Birth, (Street and Number)* | 320 3rd 1/2. |
| 5. *Full Name of Mother,* | Amil Marshall |
| 6. *Mother's Maiden Name,* | Annie Carter |
| 7. *Mother's Birthplace,* | Baltimore Co |
| 8. *Full Name of Father,* | Charles Marshall |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Dora Jane Gary |
| *Address,* | 856 Stockholm st |
| *Remarks,* | 8970002696 |

WM J. C. BULANY CO CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2 1897
4. *Place of Birth, (Street and Number)* 624 Ashland ave
5. *Full Name of Mother,* Mary Marini
6. *Mother's Maiden Name,* Mary Bolt
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Marini
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant, or other person who makes this Return,* Mrs Warden

*Address,* 1008 East Lafayette St

*Remarks,*

8970002697

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82600

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22
4. *Place of Birth, (Street and Number)* 1 Cole Ct. near Cherry
5. *Full Name of Mother,* Rose Hunter
6. *Mother's Maiden Name,* Rose Fitzpatrick
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John F. Hunter
9. *Father's Occupation* Mill Wright
10. *Father's Birthplace,* Baltimore County.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Worden

*Address,*

*Remarks,*

8 9 7 0 0 0 2 6 9 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. B82601

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28. 1897 Baltimore Md
4. Place of Birth, (Street and Number) 510 South Charles St
5. Full Name of Mother, Annie Dickerson
6. Mother's Maiden Name, Annie Miller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lewell Dickerson
9. Father's Occupation Basket Maker
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Wm. Taylor

Address, 41 Guilford Ave

Remarks,

8970002699

Wm. J. C. Dulany Co,. City Printers and Stationers.

month. It shall be the duty of the parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-10-59

# RETURN OF A BIRTH 82602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William E. Williamson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth April 16, 1897
4. Place of Birth, (Street and Number) 951 - Franklin Road
5. Full Name of Mother, Mrs Ella Williamson
6. Mother's Maiden Name, Miss Ella Martin
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Mr William Williamson
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. A. L. Hoffman M.D.

Address, 1235 - W - Lafayette Avenue

Remarks, 8970002700

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

KODAK SAFETY FILM

# RETURN OF A BIRTH. 82603

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26th 1897
4. *Place of Birth, (Street and Number)* North Gay St. near Aisquith
5. *Full Name of Mother,* Emma Gail
6. *Mother's Maiden Name,* Emma Culbert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Harry H. Gail
9. *Father's Occupation,* Slate Roofer and Steam Heater
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Wm. D. Tree M.D.

*Address,* Gardenville Balto Co Md.

*Remarks,*

8970002701

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner the midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1236]

# RETURN OF A BIRTH. 82 604

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5th 1892
4. *Place of Birth, (Street and Number)* 220 Burgundy Alley
5. *Full Name of Mother,* Annie E Shaffer
6. *Mother's Maiden Name,* Annie E Nicoll
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Philip F Shaffer
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore md

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bange

*Address,* 711 S. Broadway

*Remarks,*

8970002702

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] list of the [illegible] of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82605

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday April 16th 1897
4. Place of Birth, (Street and Number) 1421 S. Broadway
5. Full Name of Mother, Augusta Goldstrom
6. Mother's Maiden Name, " Buck
7. Mother's Birthplace, Hartford Conn.
8. Full Name of Father, Emanuel Goldstrom
9. Father's Occupation Shoe merchant
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jacob L. Wanner M.D.

Address, 1716 Bank st.

Remarks, 8470002703

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82606

CERTIFICATE CORRECTED 12/7/60

To the Office of Registrar of Vital Statistics, ~~Board of~~ Health, Baltimore City.

Name: Matilda Margueritha Raab

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | April 17. 1897 |
| 4. *Place of Birth, (Street and Number)* | 762 Mulberry street |
| 5. *Full Name of Mother,* | Johanna ~~Rapp~~ Raab |
| 6. *Mother's Maiden Name,* | Pelske |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Adam ~~Rapp~~ Raab |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Marie E. Pralwitzer M.D |
| *Address,* | 725 Mulberry Street |
| *Remarks,* | |

8 9 7 0 0 0 2 7 0 4

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH A 82607

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Childrend 6

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Colard
3. Date of Birth, Baltimore City April 21
4. Place of Birth (Street and Number), Orchard str 521
5. Full Name of Mother, Elizabeth Palmer
6. Mother's Maiden Name, Elith Armstrug
7. Mother's Birthplace, Marland.
8. Full Name of Father, Simon Pouse
9. Father's Occupation, Coach dryaler
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Mr Ellenmaed

Address, 1304 Division st

Remarks,

B 4 7 0 0 0 2 7 0 5

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH. 82608

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each living child of such mother, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 22 th 1927
4. Place of Birth, (Street and Number) 10 to Digley St
5. Full Name of Mother, Rachel Garney
6. Mother's Maiden Name, Rachel Johnson
7. Mother's Birthplace, Smithfield
8. Full Name of Father, Charles Garney
9. Father's Occupation Waiter
10. Father's Birthplace, Charles County

Name of Medical Attendant, or other person who makes this Return, Chester Coleman

Address, 509 Preston St

Remarks,

8970002706

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 82609

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each house during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Apr. 28 1847
4. Place of Birth, (Street and Number) 716 N. Carey St.
5. Full Name of Mother, Annie Mary Hanley
6. Mother's Maiden Name, Ahl. Sloan.
7. Mother's Birthplace, Balto Co Md.
8. Full Name of Father, Timothy Francis Hanley
9. Father's Occupation, Saloon
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. Zepp, M.D.

Address, 3050 W. Saratoga

Remarks,

8970002707

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 82610

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | — |
| 3. Date of Birth, | Apr. 25th 1847 |
| 4. Place of Birth, (Street and Number) | 208 Walbrook Ave |
| 5. Full Name of Mother, | Lotta Louisa Holly |
| 6. Mother's Maiden Name, | L. L. Taylor |
| 7. Mother's Birthplace, | Illinois |
| 8. Full Name of Father, | Emanuel Holly |
| 9. Father's Occupation, | conductor |
| 10. Father's Birthplace, | Balto md. |
| Name of Medical Attendant, or other person who makes this Return. | J. F. Zepp M.D. |
| Address, | 308 N Arbutus ave |
| Remarks, | |

8970002708

Health. This schedule shall contain a list of the births which have occurred within the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 82611

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 April 1897
4. *Place of Birth, (Street and Number)* 719 Harlem St
5. *Full Name of Mother,* Auguste Sonnighausen
6. *Mother's Maiden Name,* Auguste Stoth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Sonnighausen
9. *Father's Occupation,* Restaurateur
10. *Father's Birthplace,* Bedeburg Westphalen - Germany

*Name of Medical Attendant,* or other person who makes this Return. Dr. Reinhard

*Address,* 220 W Madison St

*Remarks,*

8970002709

Health, this schedule shall contain a true and correct statement of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8261

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | April 30th 1892 |
| 4. *Place of Birth, (Street and Number)* | 1310 Virginia St |
| 5. *Full Name of Mother,* | Rose L. Gentry |
| 6. *Mother's Maiden Name,* | Rose Lewis |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Alfred J Gentry |
| 9. *Father's Occupation* | Reporter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr Johnnie Bruce |
| *Address,* | 1051 Virginia St |
| *Remarks,* | |

8970002710

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH 82613

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Apr. 30th. 1897. |
| 4. *Place of Birth, (Street and Number)* | 1802 Braddish Ave. |
| 5. *Full Name of Mother,* | Sophia Sargeant Guilfoy |
| 6. *Mother's Maiden Name,* | S. S. Curry |
| 7. *Mother's Birthplace,* | Annapolis Md. |
| 8. *Full Name of Father,* | James Coyle Guilfoy |
| 9. *Father's Occupation,* | Tinner |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | J. Zapp M.D. |
| *Address,* | 3050 W. Fayette ave. |
| *Remarks,* | |

8 4 7 0 0 0 2 7 1 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 3-8-66

1236.]

# RETURN OF A BIRTH. 82614

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Rozella King

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 30th 1897
4. Place of Birth, (Street and Number) 680 W Preston
5. Full Name of Mother, Henrietta King
6. Mother's Maiden Name, Parker
7. Mother's Birthplace, Snow Hill Md
8. Full Name of Father, Geo H. C. King
9. Father's Occupation Tailor
10. Father's Birthplace, Somerset Co. Md

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dett

Address, 1617 N. Calhoun

Remarks,

8970002712

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82615

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 17. 97.
4. Place of Birth, (Street and Number) Baltimore 226 N Eros st
5. Full Name of Mother, Maggie Martin
6. Mother's Maiden Name, Maggie Gross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Martin
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amie Johnson

Address, 1012. Bloom alley

Remarks,

8970002713

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. Be it further enacted as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

# RETURN OF A BIRTH. 82616

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James M. Catitton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20 1897
4. Place of Birth, (Street and Number) Cove St. near Fenchurch
5. Full Name of Mother, Florence (Catitton) Catitton
6. Mother's Maiden Name, Florence Hollowood
7. Mother's Birthplace, Va
8. Full Name of Father, James (Catitton) Catitton
9. Father's Occupation Farmer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Dr. Colwell

Address,

Remarks,

8970002714

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82617

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 29, 1897
4. *Place of Birth, (Street and Number)* 212 W Lee St.
5. *Full Name of Mother,* Anna Halloran
6. *Mother's Maiden Name,* Anna Schmidt
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wm Halloran
9. *Father's Occupation* Lead Burner
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, J. W. Cole M.D.

*Address,*

*Remarks,*

1897000271 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82618

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seventh child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, April 20 1897
4. Place of Birth, (Street and Number) 11 E 4 Shieldsalley
5. Full Name of Mother, Mrs Sarahann Moore
6. Mother's Maiden Name, Mrs Sarahann Harrison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. James Henry Moore
9. Father's Occupation Steamboat Waiter
10. Father's Birthplace, Dorchester Co: Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Jane Fossett

Address, No 530 W Dolphin St Balto Md.

Remarks,

8 4 7 0 0 0 2 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82619

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 26 — 1893
4. *Place of Birth, (Street and Number)* ~~1107~~ 1107 North Ave
5. *Full Name of Mother,* Annie J Hurt
6. *Mother's Maiden Name,* " " Piercy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles C. Hurt
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, R. G. Ranvein M.D.

*Address,* 811 Jefferson Ave Waverly

*Remarks,*

8 4 7 0 0 0 2 7 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82620

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 23 - 1899
4. Place of Birth, (Street and Number) 261 Old york road
5. Full Name of Mother, Nellie Stoddert
6. Mother's Maiden Name, " Waserty
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas H. Stoddert
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, ~~[illegible]~~ 511 Jefferson Ave Waverly

Remarks,

8 9 7 0 0 0 2 7 1 8

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Health. This Certificate is not to be used for the purpose of procuring the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 8262/

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Confinement

1. *Sex, (state whether male or female)* Twins. 2 Females.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday April 18th, 1897.
4. *Place of Birth, (Street and Number)* 25 W. St. Paul St.
5. *Full Name of Mother,* Jessie M. Wilder.
6. *Mother's Maiden Name,* Jessie M. Waldrop.
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Hally B. Wilder
9. *Father's Occupation* Mining Engineer
10. *Father's Birthplace,* California.

*Name of Medical Attendant,* or other person who makes this Return, Wilmer Brinton, M.D.

*Address,* S. W. Cor. Calvert & Preston Sts.

*Remarks,*

8 9 7 0 0 0 2 7 1 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, first and the full name and place of birth of any child born in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or person in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 52622

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) | 4th, |
| 1. *Sex*, (*state whether male or female*) | Male |
| 2. *Race or Color*, (*if not of the white race*) | White. |
| 3. *Date of Birth*, | April 26th, 1897. |
| 4. *Place of Birth*, (*Street and Number*) | 1515 Ausquith St. |
| 5. *Full Name of Mother*, | Mary E. Woods. |
| 6. *Mother's Maiden Name*, | Mary E Ballman |
| 7. *Mother's Birthplace*, | Baltimore Md, |
| 8. *Full Name of Father*, | Francis J. Wood |
| 9. *Father's Occupation* | Stone cutter Baltimore Md, |
| 10. *Father's Birthplace*, | |
| *Name of Medical Attendant*, or other person who makes this Return, | Wilmer Brinton. M.D. |
| *Address*, | S. W. Cor. Calvert & Preston St. |
| *Remarks*, | |

8 9 7 0 0 0 2 7 2 0

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above specified, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82623

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 April 1897
4. *Place of Birth, (Street and Number)* Baltimore 1414 Hard St
5. *Full Name of Mother,* Charlotte Houston
6. *Mother's Maiden Name,* Charlotte Jackson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Henry Houston
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Washington D C.

*Name of Medical Attendant,* or other person who makes this Return. Grace Harris

*Address,* 818 Stockholm St

*Remarks,*

897 U 00227 21

Wm. J. C. Dulany Co., City Printers and Stationers.

17

# RETURN OF A BIRTH. 82624

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th (Living)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10 1897
4. *Place of Birth, (Street and Number)* Park ave
5. *Full Name of Mother,* Mrs Catherine T. Redding
6. *Mother's Maiden Name,* Catherine T. Flaherty
7. *Mother's Birthplace,* Albany New York
8. *Full Name of Father,* E. D. Redding
9. *Father's Occupation,* Liquor Merchant
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, B. B. Browne M. D

*Address,* 510 Park Ave

*Remarks,*

8 9 7 0 0 0 2 7 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner aforesaid, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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236.]

# RETURN OF A BIRTH. 82625

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th 97

4. Place of Birth, (Street and Number) 1502 N Wager St

5. Full Name of Mother, Eleanora Klarner

6. Mother's Maiden Name, Saukmyer

7. Mother's Birthplace, Germany

8. Full Name of Father, Lenard Klarner

9. Father's Occupation Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S H Seldner M. D

Address, 154 N Wager St

Remarks, 8 9 7 0 0 0 2 7 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 82626

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 12/97

4. Place of Birth, (Street and Number) 1633 E Eager St

5. Full Name of Mother, Barbara M Schnell

6. Mother's Maiden Name, Rotz

7. Mother's Birthplace, Balto

8. Full Name of Father, Adam J Schnell

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, C. H. Schnerr M.D.

Address, 1501 N Eager St.

Remarks,

8 7 0 0 0 7 2 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 82627

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 97
4. Place of Birth, (Street and Number) 1734 N Chase St
5. Full Name of Mother, Eva Brandt
6. Mother's Maiden Name, Haug
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Brandt
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S. M. Seldner M.D.

Address, 1501 N Eager St.

Remarks,

8 7 7 0 0 0 2 7 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82628

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* | 3rd |
| 1. | *Sex, (state whether male or female)* | Female |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | April 1 L 1897. |
| 4. | *Place of Birth, (Street and Number)* | 1914 Harlem Ave |
| 5. | *Full Name of Mother,* | Caroline Griffith |
| 6. | *Mother's Maiden Name,* | Caroline Ayshire |
| 7. | *Mother's Birthplace,* | Burmingham Eng |
| 8. | *Full Name of Father,* | Geo H. Griffith |
| 9. | *Father's Occupation,* | Plumber & Gas Fitter |
| 10. | *Father's Birthplace,* | Walverhampton Eng |
| | *Name of Medical Attendant,* or other person who makes this Return. | Dr W. J. Campbell, |
| | *Address,* | 1351 N. Gilmor St |
| | *Remarks,* | |

8 9 7 0 0 0 2 7 2 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

*Penalty for refusing to give information required by the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.*

1236.]

# RETURN OF A BIRTH. 82629

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 97
4. Place of Birth, (Street and Number) 1522 Madison Ave
5. Full Name of Mother, Fannie Davis
6. Mother's Maiden Name, Levin
7. Mother's Birthplace, Germany
8. Full Name of Father, Isaac Davis
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. H. Shipley M. D.

Address, 1511 E Baltimore St.

Remarks,

8 9 7 U 0 0 2 7 2 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 22633

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Mary~~ Mary Pauline Peters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th 1897

4. Place of Birth, (Street and Number) 1027 Central Ave.

5. Full Name of Mother, Theresa Polera

6. Mother's Maiden Name, Schmeyer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Edward Polera

9. Father's Occupation Clothing Cutter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S St Feldmeir M.D.

Address, 1501 E Baltimore St

Remarks,

8 7 7 0 0 7 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82631

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27th 97
4. *Place of Birth, (Street and Number)* 1744 E Eager St
5. *Full Name of Mother,* Jennie Dawn
6. *Mother's Maiden Name,* Katz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Dawn
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Cumberland Md.

*Name of Medical Attendant,* or other person who makes this Return, S. H. Selsor M. D.

*Address,* 1501 E Eager St

*Remarks,*

8 4 7 0 0 0 2 7 2 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 82632

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27th 97

4. Place of Birth, (Street and Number) 1413 N Dallas St

5. Full Name of Mother, Annie C Stelling Hellwig

6. Mother's Maiden Name, Wagner

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Henry C Stelling

9. Father's Occupation Steam Cutter

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Seldner M.D.

Address, 1501 N Payson St

Remarks,

8 4 7 0 0 0 2 7 3 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82633

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1897
4. Place of Birth, (Street and Number) 213 N Arlington Ave
5. Full Name of Mother, Annie Kelley
6. Mother's Maiden Name, Manion
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Kelley
9. Father's Occupation Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, John Neff MD

Address, 701 N Gilmor Ave

Remarks,

8470002731

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 81634

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* April 9th, 1897

4. *Place of Birth, (Street and Number)* Jenkins Lane Baltimore

5. *Full Name of Mother,* Elizabeth Walton

6. *Mother's Maiden Name,* Elizabeth Marsh

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Tom L. Walton

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, J. B. Hartman M.D.

*Address,* 815 Jefferson Ave Waverly City

*Remarks,*

8970002732

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. PL635

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. April 4, 1897
4. Place of Birth, (Street and Number) 1918 Harlem Ave.
5. Full Name of Mother, Rosa Rhodes
6. Mother's Maiden Name, Hardesty
7. Mother's Birthplace, West River Md.
8. Full Name of Father, Joseph Rhodes
9. Father's Occupation, Oyster
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this return, G. C. Evans

Address, Cor. Carey & Fayette St.

Remarks,

8 9 7 0 0 0 2 7 3 3

Wm J. C. Dulany Co., City Printers and Stationers.

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82636

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female - Margarethe Melamet

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 29th 97.

4. Place of Birth, (Street and Number) 806 Gorsuch Ave.

5. Full Name of Mother, Annie Melamet -

6. Mother's Maiden Name, Wirsing

7. Mother's Birthplace, Cape Good Hope

8. Full Name of Father, David Melamet.

9. Father's Occupation Musician

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. S. Hartman M.D.

Address, 815 Jefferson Ave.

Remarks, Full name added by brother upon applying for a transcript. L. E. Helm Dep. Reg. Dec. 5 1932.

Otto Melamet - brother

8971000273 A

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82637

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 23d 97
4. Place of Birth, (Street and Number) 1024 McCulloh
5. Full Name of Mother, Annie Furman
6. Mother's Maiden Name, Annie McNail
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Marion Furman
9. Father's Occupation, Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Furman F Kirkpatrick

Address, 1324 McCulloh

Remarks,

8 9 7 0 0 0 2 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82638

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) White Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 15th, 1897

4. Place of Birth, (Street and Number) 451 Twenty third St Balto.

5. Full Name of Mother, Grace V. Goldrick

6. Mother's Maiden Name, Grace V. Coy

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James D. Goldrick

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Hartt M.D.

Address, 815 Jefferson Ave. Waverly. Balto.

Remarks,

8970002736

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8-639

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 16th 1897
4. *Place of Birth, (Street and Number)* 1318 Eutaw st.
5. *Full Name of Mother,* Mary Curtis
6. *Mother's Maiden Name,* Mary Johnson
7. *Mother's Birthplace,* Charles Co. Md.
8. *Full Name of Father,* Joseph Curtis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St. Marys Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Maria Jones

*Address,* 1337 W. Baltimore St.

*Remarks,*

8970002737

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82640

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) color
3. Date of Birth, May 17
4. Place of Birth, (Street and Number) 1104 Woodyear st Baltimore
5. Full Name of Mother, Alice Holmes
6. Mother's Maiden Name, Alice Hill
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, William A Holmes
9. Father's Occupation labor
10. Father's Birthplace, King and Queen Co Va

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1327 Whitcoat St

Remarks,

8970002738

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82641

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May the 29 27
4. Place of Birth, (Street and Number) 12.12 Wheatsheaf St
5. Full Name of Mother, Mary M Parsey
6. Mother's Maiden Name, Mary M Rankins
7. Mother's Birthplace, Newport R I
8. Full Name of Father, Henry E Parsey
9. Father's Occupation Truckman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marion Jones

Address, 13.37 Wheatsheaf St

Remarks,

8 9 7 0 0 0 2 7 3 9

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 82642

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1897
4. Place of Birth, (Street and Number) 529 So. Paca st
5. Full Name of Mother, R. Emma Gale
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Md
8. Full Name of Father, Wm. H. Gale
9. Father's Occupation, Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jno. D. Blake M.D.

Address, 600 S. Paca st

Remarks,

8970002740

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. #2643

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th
4. *Place of Birth, (Street and Number)* 1518 Aisquith St
5. *Full Name of Mother,* Maggie L. Manifold
6. *Mother's Maiden Name,* Maggie L. Snee
7. *Mother's Birthplace,* Dublin Scotland
8. *Full Name of Father,* Frank Manifold
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary L Stuckey

*Address,* 731 Cumberland St

*Remarks,*

8970002741

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82644

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 18 1927
4. *Place of Birth, (Street and Number)* 524 Barre
5. *Full Name of Mother,* Rose Hill
6. *Mother's Maiden Name,* Rose Hill
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm Clark
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* New Jersey

*Name of Medical Attendant,* or other person who makes this Return, Mattie Conwell

*Address,* 524 Barre St

*Remarks,*

8970002742

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 82645

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1897
4. Place of Birth, (Street and Number) 1231 N Central Ave
5. Full Name of Mother, Lina Third
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, William A Third
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S H Schmidt M.D.

Address, 1511 E Eager St

Remarks,

8 9 7 0 0 0 2 7 4 3

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82646

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12/97 1421 E Eager St
4. Place of Birth, (Street and Number) 1421 E Eager St
5. Full Name of Mother, Clara Franke
6. Mother's Maiden Name, Edwards
7. Mother's Birthplace, Indianapolis Ind.
8. Full Name of Father, Louis Franke
9. Father's Occupation Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, S H Feldmes M.D.

Address, 1501 E Eager St

Remarks,

8 9 7 0 0 0 2 7 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 82647

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12/97
4. Place of Birth, (Street and Number) 2208 N. Fulton ave
5. Full Name of Mother, Ellen F. Heisler
6. Mother's Maiden Name, Mitchell
7. Mother's Birthplace, Balto.
8. Full Name of Father, John F. Heisler
9. Father's Occupation Electrician
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, S. H. Feldner M.D.

Address, 1501 E Eager St.

Remarks,

8 7 7 0 0 0 2 7 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

# RETURN OF A BIRTH. 82648

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12/97
4. *Place of Birth, (Street and Number)* 1704 E Monument St
5. *Full Name of Mother,* Marie Kizai
6. *Mother's Maiden Name,* Kösig
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Aloisius Kazai
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Austria

*Name of Medical Attendant, or other person who makes this Return,* S W Seldrus M.D.

*Address,* 1501 E Eager St.

*Remarks,*

8 9 7 0 0 0 2 7 4 6

been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82649

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1409 E. Baltimore |
| 5. *Full Name of Mother,* | Maggie A. Foreman |
| 6. *Mother's Maiden Name,* | Maggie A. Williams |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Riley B. Foreman |
| 9. *Father's Occupation* | Conductor |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Hampson Jones M.D. |
| *Address,* | 211 N. Franklin St. |
| *Remarks,* | |

8 9 7 0 0 0 2 7 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82658

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 May
4. Place of Birth, (Street and Number) 1516 Fairmount ave
5. Full Name of Mother, Caroline Luessen
6. Mother's Maiden Name, " Loeber
7. Mother's Birthplace, Europe
8. Full Name of Father, Chas Luessen
9. Father's Occupation grocery store
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Illig

Address, 1802 E Lexington St

Remarks,

8970002748

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, not being present at the birth, shall refuse or neglect to give information, when required, of the same as can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82654

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5 May
4. *Place of Birth, (Street and Number)* 563 N. Gay St
5. *Full Name of Mother,* Carrie Landau
6. *Mother's Maiden Name,* Goldman
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Samuel Landau
9. *Father's Occupation* Russia
10. *Father's Birthplace,* Shoe maker

*Name of Medical Attendant,* or other person who makes this Return, Mrs R Ulrich

*Address,* 1302 E Lexington St

*Remarks,*

8970002749

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

KODAK SAFETY FILM

can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83652

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10th

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* May 7, 1897,
4. *Place of Birth, (Street and Number)* 1419 Patterson Ave
5. *Full Name of Mother,* Ida B. Hoffman
6. *Mother's Maiden Name,* Ida B. Powell
7. *Mother's Birthplace,* Balto City, Md
8. *Full Name of Father,* Wm. G. Hoffman
9. *Father's Occupation,* Paper Hanger
10. *Father's Birthplace,* Balto. City, Md.

*Name of Medical Attendant,* or other person who makes this Return, D. W. Caplan

*Address,* 1351 N. Gilmor St.

*Remarks,*

8970002750

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104

# RETURN OF A BIRTH. P2653

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Anna Stack

2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 10th 1897

4. Place of Birth, (Street and Number) 411 E. 25th St.

5. Full Name of Mother, Anna M. Black

6. Mother's Maiden Name, Anna M. Heintz

7. Mother's Birthplace, Schwartz - Germany

8. Full Name of Father, Frank M. Black

9. Father's Occupation Butcher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury

Address, 602 E. 27th St. H.

Remarks, GIVEN NAME ADDED 3-27-33 A.M.

8970002751

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82654

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 1897
4. Place of Birth, (Street and Number) 1212 E Fayette St
5. Full Name of Mother, Rebecca Rosental
6. Mother's Maiden Name, B. Morris
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Rosental
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finnberg

Address, 25 Floyd St

Remarks,

8 7 7 0 0 0 2 7 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. #2 655

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 15 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | 228 Mabery alley |
| 5. *Full Name of Mother,* | Soufi Levitt |
| 6. *Mother's Maiden Name,* | Soufi Sivec |
| 7. *Mother's Birthplace,* | Baltimore MD |
| 8. *Full Name of Father,* | Eman Levitt |
| 9. *Father's Occupation* | Thailor |
| 10. *Father's Birthplace,* | Bohimen |
| *Name of Medical Attendant,* or other person who makes this Return, | Luisa Svitora |
| *Address,* | 1011 Durham st |
| *Remarks,* | |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82656

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether mal female) Male

2. Race or Color, (if not the white race) White

3. Date of Birth, May - 15th 1897

4. Place of Birth, (St[illegible]d Number) 750 Capitol Ave Balto City

5. Full Name of M[illegible] Matilda Smith

6. Mother's Maide[illegible] Matilda Shrosbur

7. Mother's Birth[illegible] Birmingham England

8. Full Name o[illegible] Walter Smith

9. Father's O[illegible] Foreman press room - "American Office"

10. Father's [illegible] Birmingham England

Name o[illegible] William J. Gillenburg, MD

Addre[illegible] 860 E. 27th St. "N"

Rem[illegible]

89,000,754

[illegible] Stationers.

Wm. J. C. Dulan[illegible]

[illegible] each Coroner in his district shall keep a record of all deaths occurring in his district, and shall enter therein the name, sex, color, the full name and residence of the parents, the date and place of birth, and the date and place of death, and the cause of death, of every person whose death he shall be required to certify, and the name and residence of the physician, if any, who was in attendance during the last illness of the deceased, and the name and residence of the undertaker who buried the body. Such record shall be open to the inspection of the Commissioner of Health, and shall be delivered to his successor in office. Every undertaker shall keep a record of every burial attended by him, stating the name, age

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

**STATE OF MARYLAND**

HR-RM 32
(4-1-54)
Hall of Records Commission

# RETURN OF A BIRTH. 82656

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May - 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | 750 Carroll Ave Balto City |
| 5. *Full Name of Mother,* | Matilda Smith |
| 6. *Mother's Maiden Name,* | Matilda Thrasher |
| 7. *Mother's Birthplace,* | Birmingham England |
| 8. *Full Name of Father,* | J Walter Smith |
| 9. *Father's Occupation* | Foreman press room - "American Office |
| 10. *Father's Birthplace,* | Birmingham England |
| *Name of Medical Attendant, or other person who makes this Return,* | William J Dillenbury, MD |
| *Address,* | 602 E. 37th St. "N" |
| *Remarks,* | 8 9, 0 0 0 ? 7 5 4 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 8 2 657

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18, 1897
4. Place of Birth, (Street and Number) 14 Albemarle St
5. Full Name of Mother, Annie Brown
6. Mother's Maiden Name, Isenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, James Brown
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant or other person who makes this Return, Rosa Fineberg

Address, 25 Lloyd St

Remarks,

8970002756

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 2658

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19, 1897.

4. Place of Birth, (Street and Number) 1577 E. Lanvale St.

5. Full Name of Mother, Rose Kedeman

6. Mother's Maiden Name, Rose Schultheis.

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Lawrence Kedeman

9. Father's Occupation, Clerk

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. Marker

Address, 1707 N. Caroline St.

Remarks,

8970002757

Wm J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

been conferred)-its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82659

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 19 1897

4. Place of Birth, (Street and Number) 1821 Pulaski

5. Full Name of Mother, Dorothea Catherine Carroll

6. Mother's Maiden Name, Emily

7. Mother's Birthplace, Balto City

8. Full Name of Father, James R. Carroll

9. Father's Occupation Superintendent

10. Father's Birthplace, B. Co.

Name of Medical Attendant, or other person who makes this Return, J. Haney Hall MD

Address, 807 N. Arlington Ave

Remarks,

1897 0002758

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

# RETURN OF A BIRTH. 82660

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 21 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | 1220 Charles st |
| 5. *Full Name of Mother,* | Tini Helfer |
| 6. *Mother's Maiden Name,* | Tini Dvorak |
| 7. *Mother's Birthplace,* | Bohimen |
| 8. *Full Name of Father,* | Wam Helfer |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germanie |
| *Name of Medical Attendant,* or other person who makes this Return, | Luise Svatora |
| *Address,* | 1010 Durham st |
| *Remarks,* | |

8970002759

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82661

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21/97
4. Place of Birth, (Street and Number) # 617 South Durham St
5. Full Name of Mother, Antonia Stefankewicz
6. Mother's Maiden Name, = Caraban.
7. Mother's Birthplace, Germany
8. Full Name of Father, William Stefankewicz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Beiger

Address, # 721 South Ann St

Remarks,

8970002760

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82662

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 23 1897
4. Place of Birth, (Street and Number) 511 E. Fort Ave.
5. Full Name of Mother, Mary Alice Farrell
6. Mother's Maiden Name, J. Donell
7. Mother's Birthplace, Brightsville Pa.
8. Full Name of Father, Joseph M. Farrell
9. Father's Occupation Brakeman
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, Robt L. P. Lebkicher M.D.

Address, 1458 Riverside Ave.

Remarks,

8970002761

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health shall cause the name of each child born in the City of Baltimore to be registered as soon as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82663

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23 97
4. Place of Birth, (Street and Number) 163 S. Central Ave
5. Full Name of Mother, Dora Friedman
6. Mother's Maiden Name, Dora Klivonsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Wolf Friedman
9. Father's Occupation, Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. H. J. Lacian M.D.

Address, 926 Madison Ave.

Remarks,

8970002762

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82664

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1458 Riviera Ave. |
| 5. *Full Name of Mother,* | Mary Ellen McGonigle |
| 6. *Mother's Maiden Name,* | M. J. Kenney |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John McGonigle |
| 9. *Father's Occupation* | Cust. Maker |
| 10. *Father's Birthplace,* | Prince George Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Robt L.G. Leitch M.D. |
| *Address,* | 1458 Riviera Ave |
| *Remarks,* | |

8970002763

Each Collector shall ex. color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1230.

# RETURN OF A BIRTH. 82665

GIVEN NAME ADDED 3-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert Siegel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 May 1897
4. Place of Birth, (Street and Number) 1109 McElderry St
5. Full Name of Mother, Esther Siegel
6. Mother's Maiden Name, " Jeroby
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Siegel
9. Father's Occupation shoe maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbig

Address, 1302 E Lexington St

Remarks,

8970002764

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82666

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Foster Fells

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 30. 1897 |
| 4. Place of Birth, (Street and Number) | 2236 David Hill Ave |
| 5. Full Name of Mother, | Eleanor Laura Fells |
| 6. Mother's Maiden Name, | " Haycock |
| 7. Mother's Birthplace, | Baltimore Co Md |
| 8. Full Name of Father, | Henry Andrew Fells. |
| 9. Father's Occupation | Book-keeper |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other person who makes this Return, | Wm. A. B. Sellman, M.D. |
| Address, | 3 East Biddle St. |
| Remarks, | GIVEN NAME ADDED. 10-21-53 |

8 9 7 0 0 0 2 7 6 5

Whoever shall refuse or neglect to state the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82667

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 of June May
4. Place of Birth, (Street and Number) 714 Cannon Street
5. Full Name of Mother, Mary Matschkowiack.
6. Mother's Maiden Name, = Wiolskowsky
7. Mother's Birthplace, Graudents (Germ)
8. Full Name of Father, Michael Matschkowiak.
9. Father's Occupation Laborer
10. Father's Birthplace, Graudents

Name of Medical Attendant, or other person who makes this Return, Mrs Weiss (Rehmken)

Address, 713 Port St.

Remarks,

8 4 7 0 0 0 2 7 6 6

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Note.—The Undertaker shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18

# RETURN OF A BIRTH. 82668

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 30. 1897
4. Place of Birth, (Street and Number) 1400 Division St
5. Full Name of Mother, Mrs Susan ~~Simmons~~ Minner
6. Mother's Maiden Name, Susan McCarty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Minner
9. Father's Occupation Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, B B Browne M.D.

Address, ~~B~~ 510 Park Ave.

Remarks,

8970002767

Wm. J. C. Dulany Co., City Printers and Stationers.

Months, how many children born alive to this mother, including present birth, and whether any are now dead. Full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 82669

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 21st 97.

4. Place of Birth, (Street and Number) 105 N. Schroeder st.

5. Full Name of Mother, Katie Sullivan

6. Mother's Maiden Name, Katie Byrne

7. Mother's Birthplace, Annapolis Md.

8. Full Name of Father, John F. Sullivan

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Dill M.D.

Address, 1203 W. Fayette st

Remarks, 8970002768

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 82670.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | White |
| 2. *Race or color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 25th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2104 Ramsay Lane |
| 5. *Full Name of Mother,* | Mary Hattel Miller |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Baltimore md |
| 8. *Full Name of Father,* | Martin Hattel |
| 9. *Father's Occupation,* | Wheelwright |
| 10. *Father's Birthplace,* | Baltimore md |
| *Name of Medical Attendant,* or other person who makes this Return. | Dr L Dietrich |
| *Address,* | 833 W. Lombard St |
| *Remarks,* | |

8970002769

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82671

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th L |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 4th 1897 |
| 4. *Place of Birth, (Street and Number)* | 713 St Paul St |
| 5. *Full Name of Mother,* | Caroline Virginia Peter |
| 6. *Mother's Maiden Name,* | Caroline Phelps |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Reginald H Peter |
| 9. *Father's Occupation* | Farmer |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other person who makes this Return, | Hunt M.D. |
| *Address,* | S. M. Chase St |
| *Remarks,* | Normal Labor |

8 9 7 0 0 0 2 7 7 0

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82672

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth May 1 [redacted] 1897.
4. Place of Birth, (Street and Number) 1731 Duncan Alley
5. Full Name of Mother, Lucinda Dey
6. Mother's Maiden Name, Lucinda Harris
7. Mother's Birthplace, Elkridge Landing Howard Co Maryland
8. Full Name of Father, Peter Dey
9. Father's Occupation Carpenter
10. Father's Birthplace, Aberdeen Scotland N.B.

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Cornish

Address, 871 Boyd St

Remarks,

8970002771

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82673

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1, 1894
4. Place of Birth, (Street and Number) 1507 E. Lanvale St.
5. Full Name of Mother, Agnes V. Deaver.
6. Mother's Maiden Name, Agnes V. Wines
7. Mother's Birthplace, Maryland.
8. Full Name of Father, George A. Deaver.
9. Father's Occupation, P.O. Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. F. Markenet.

Address, 1701 Aliceanna St

Remarks,

8970002772

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82674

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of May 1897
4. Place of Birth, (Street and Number) 317 Fawell Ave.
5. Full Name of Mother, Maria Lorenz
6. Mother's Maiden Name, Maria Rägner
7. Mother's Birthplace, Germany
8. Full Name of Father, Mahn Lorenz
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Margaret E. Ihl

Address, 1619 Cuba St.

Remarks, Baltimore Md.

8 9 7 0 0 0 2 7 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82675

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1, 1897.
4. Place of Birth, (Street and Number) Gay n Washington Pls
5. Full Name of Mother, Ellie Warnefeld.
6. Mother's Maiden Name, Ellie Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H. Warnefeld.
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. J. Mackenett

Address, 1701 N Caroline St.

Remarks,

8970002774

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236

# RETURN OF A BIRTH. 82676

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1, 1897
4. Place of Birth, (Street and Number) 1732 Aliceanna St
5. Full Name of Mother, Anna Patrowetk
6. Mother's Maiden Name, Anna Kosewuska
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Patrowetk
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Maria Bizier

Address, 421 S Ann Street

Remarks,

8 9 7 0 0 0 2 7 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82677

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

16

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday May 1st 97. 9 P.M.
4. Place of Birth, (Street and Number) 52 3 W Hoffman St
5. Full Name of Mother, Frances Braxton
6. Mother's Maiden Name, Frances Jones
7. Mother's Birthplace, Buckingham Co Va
8. Full Name of Father, Wm Braxton
9. Father's Occupation Student
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Attended Dr

Address, 112. W Mulberry St Baltimore

Remarks, Forceps

8970002776

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82678

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 1 May 1897 |
| 4. *Place of Birth, (Street and Number)* | 1635 Walsh st |
| 5. *Full Name of Mother,* | Annie Eigel |
| 6. *Mother's Maiden Name,* | Annie Clark. |
| 7. *Mother's Birthplace,* | Washington D.C |
| 8. *Full Name of Father,* | Henry Eigel |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Donnelly |
| *Address,* | 1635 Walsh st |
| *Remarks,* | none. |

8970002777

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82679

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 1 - 27
4. Place of Birth, (Street and Number) Towson St 1755
5. Full Name of Mother, Ellen Conner
6. Mother's Maiden Name, Towson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Conner
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Line 1312

Remarks,

8 9 7 0 0 0 2 7 7 8

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82680

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 1907

4. *Place of Birth, (Street and Number)* 2216 Eutaw St.

5. *Full Name of Mother,* Lena Fischer

6. *Mother's Maiden Name,* Lena Israelite

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Israel Fischer

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return. Geo. Friedman

*Address,* 224 Eutaw St.

*Remarks,*

8 9 7 0 0 0 2 7 7 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH 82681

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Patrick D. Holbein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 5th

1. Sex, (state whether male or female) — Male
2. Race or color, (if not of the white race) — White
3. Date of Birth, — May 1st 1897
4. Place of Birth, (Street and Number) — No 2134 The Concourse
5. Full Name of Mother, — Elizabeth Holbein
6. Mother's Maiden Name, — Jones
7. Mother's Birthplace, — Baltimore
8. Full Name of Father, — Chas. Lane Holbein
9. Father's Occupation, — Solicitor & Partner in Calvin Express
10. Father's Birthplace, — Baltimore

Name of Medical Attendant, or other person who makes this Return. — L. L. Spradley

Address, — 808 W. Lombard

Remarks,

8970002780

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82682

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1897
4. Place of Birth, (Street and Number) Baltimore 1101 Pentz St.
5. Full Name of Mother, Elizabeth Nettie Sinclevena
6. Mother's Maiden Name, Elizabeth Nettie Knudt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Sinclevena
9. Father's Occupation Butcher
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Waters

Address, No 928 St Peter Street

Remarks,

8970002781

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82683

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May the 1 1897
4. *Place of Birth, (Street and Number)* 220 E 4th St
5. *Full Name of Mother,* Estella Johnson
6. *Mother's Maiden Name,* Estella Gallion
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Thos Johnson
9. *Father's Occupation* Works in a Shoe Store
10. *Father's Birthplace,* Baltimore City Md

*Name of Medical Attendant,* or other person who makes this Return, Chas Annie Merrick

*Address,* 711 Boyd St

*Remarks,*

8970002782

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82684

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of may 1897
4. Place of Birth, (Street and Number) 18 29 oakley ste
5. Full Name of Mother, emma Wagner
6. Mother's Maiden Name, Emma Kinkel
7. Mother's Birthplace, baltimore city
8. Full Name of Father, henry Wagner
9. Father's Occupation Lecture
10. Father's Birthplace, baltimore city

Name of Medical Attendant, or other person who makes this Return, margie kinkel

Address,

Remarks,

8970002783

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82685

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 2d 1897.
4. Place of Birth, (Street and Number) No 1003 Ridgely St.
5. Full Name of Mother, Agnes Garrick
6. Mother's Maiden Name, Agnes Horning.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Garrick
9. Father's Occupation Labourer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Horning

Address, No 1517 Byrd St.

Remarks,

1897 0002784

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82686

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 2 May

4. *Place of Birth, (Street and Number)* 237 Chestnut St

5. *Full Name of Mother,* Agnes Herman

6. *Mother's Maiden Name,* assfurt

7. *Mother's Birthplace,* Balto. Md

8. *Full Name of Father,* Wm Herman

9. *Father's Occupation* Store

10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return, Wm V Ulrig

*Address,* 1302 E Lexington St

*Remarks,*

18970002785

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

56.]

Correct Copy

# RETURN OF A BIRTH. 82687

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 1897
4. Place of Birth, (Street and Number) 3532 O'Donnell St.
5. Full Name of Mother, Anna Heagy
6. Mother's Maiden Name, Anna Stupka
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Maurice Heagy
9. Father's Occupation Contractor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, A. Bauer, M.D.

Address, 3532 O'Donnell St.

Remarks,

8 4 7 0 0 0 2 7 8 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

DUPLICATE
82687

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of May 1897
4. Place of Birth, (Street and Number) 3932 Odonnel Sts
5. Full Name of Mother, Onnie I Heagy
6. Mother's Maiden Name, Annie Hopky
7. Mother's Birthplace, Germany
8. Full Name of Father, Samuel Heagy
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Burkart

Address, 1011 Bouldin Sts

Remarks,

8970002787

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82688

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 1897
4. Place of Birth, (Street and Number) 24 Bel Air Road
5. Full Name of Mother, Margaret Mooyer
6. Mother's Maiden Name, Tress
7. Mother's Birthplace, Balto
8. Full Name of Father, Christian Mooyer
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1007 N Bway

Remarks, .....

8970002788

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82689

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2. 1897
4. Place of Birth, (Street and Number) 1511 Race St
5. Full Name of Mother, Maggie Glasser
6. Mother's Maiden Name, Maggie Wagner
7. Mother's Birthplace, Washington Dc
8. Full Name of Father, Adam Glasser
9. Father's Occupation Agent
10. Father's Birthplace, Shrewsbury Pa

Name of Medical Attendant, or other person who makes this Return Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

8970002789

Wm. J. C. Dulany Co., City Printers and Stationers.

(Each contract) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82690

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 3d 1897.
4. Place of Birth, (Street and Number) No 1046 Hillman St
5. Full Name of Mother, Emma Norfolk.
6. Mother's Maiden Name, Emma Richardson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sylvester Norfolk.
9. Father's Occupation Boiler Maker.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Hanning

Address, No 1517 Byrd St.

Remarks,

8970002790

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82691

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 21897
4. Place of Birth, (Street and Number) 2013 Jud Lane
5. Full Name of Mother, Agnes Perkins.
6. Mother's Maiden Name, Agnes Welch
7. Mother's Birthplace, Charles Co Md.
8. Full Name of Father, Richard M Perkins.
9. Father's Occupation Boatsman BOAT
10. Father's Birthplace, La

Name of Medical Attendant, or other person who makes this Return, Charles L Hayfield MD

Address, 1627 N Lexington St

Remarks,

8 9 7 0 0 0 2 7 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter it shall be his duty to report the name of each child, (if any shall have child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82692

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 3rd 1897 |
| 4. *Place of Birth, (Street and Number)* | hr - 1430 Canton Ave |
| 5. *Full Name of Mother,* | Mrs Nellie Snyder |
| 6. *Mother's Maiden Name,* | Miss Nellie Johnson |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Charles Francis Snyder |
| 9. *Father's Occupation* | Paper Hanger |
| 10. *Father's Birthplace,* | Washington - D. C |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Anna Lenz midwife |
| *Address,* | 1539 Alice anna Street |
| *Remarks,* | |

8 7 1 0 0 0 2 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82693

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 May
4. Place of Birth, (Street and Number) 526 Columbia Ave
5. Full Name of Mother, Clara Deckert
6. Mother's Maiden Name, Clara Segal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Henery Deckert
9. Father's Occupation Lobsterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hellegonda Schleifer

Address, 734 St Peter St

Remarks,

8970002793

Wm. J. C. Dulany Co,. City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82694

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 3, 1897.

4. Place of Birth, (Street and Number) 1335 Calhoun St

5. Full Name of Mother, Gertrude Young

6. Mother's Maiden Name, Gertrude Jones

7. Mother's Birthplace, Calvert Co md

8. Full Name of Father, Samuel Jones

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 1635 Vincent alley

Remarks,

8 9 7 0 0 0 2 7 9 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82695 D

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) Colored race
3. *Date of Birth,* Born May 3rd 1897
4. *Place of Birth,* (Street and Number) 302 Lewis St. Baltimore Md.
5. *Full Name of Mother,* Rachel Richardson
6. *Mother's Maiden Name,* X X
7. *Mother's Birthplace,* Annarundle County Md.
8. *Full Name of Father,* Sam Carrol
9. *Father's Occupation* Druggist Laborer
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Georgeanna Bradley

*Address,* 1767 E. Madison St. Baltimore Md.

*Remarks,* No remark this is the full content

8970002795

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82696

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, May 4th 1897
4. Place of Birth, (Street and Number) eutaw st No 1013
5. Full Name of Mother, sarrah Hays
6. Mother's Maiden Name, sarrah Stark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Spencer Stark
9. Father's Occupation labourer
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, sarah Jane Hammond

Address, 105 east Hurley st

Remarks, full 9 months

8970002796

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82697

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4th 1897
4. Place of Birth, (Street and Number) 211 Elmerson st
5. Full Name of Mother, Maggie Buskorneske
6. Mother's Maiden Name, Maggie Koecner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Buskorneske
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Killea

Address, 2008 Mc Henry St

Remarks,

8 9 7 0 0 0 2 7 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

SAFETY FILM

# RETURN OF A BIRTH. 82698

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 2nd 1897
4. Place of Birth, (Street and Number) 1136 Warner Str. Baltimore City
5. Full Name of Mother, Georgianna Hayes
6. Mother's Maiden Name, Georgianna Fisher
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Charles Wesley Hayes
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dorcas Jane Geary

Address, # 856 Stockholm Street

Remarks,

8970002798

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH 82699

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (State whether male or female)* | Girl |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 4th 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1132 Huntington Ave. |
| 5. *Full Name of Mother,* | Minnie Wolf. |
| 6. *Mother's Maiden Name,* | Minnie Stuber. |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John Joseph Wolf. |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return. | Elizabeth Gamerman |
| *Address,* | Hampton |
| *Remarks,* | Everything is alright |

8970002799

1898 J. C. BULANY & CO., CITY PRINTERS AND STATIONERS

Section. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1286.]

# RETURN OF A BIRTH. 82700

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* 1

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* May 4. 97 (5.20 AM)
4. *Place of Birth, (Street and Number)* 522 N. Calhoun St
5. *Full Name of Mother,* Irene Rebecca Dran
6. *Mother's Maiden Name,* " " Hynes
7. *Mother's Birthplace,* Catonsville Md.
8. *Full Name of Father,* Wm Gordon Dran
9. *Father's Occupation* Cashier
10. *Father's Birthplace,* Balto. Md

*Name of Medical Attendant,* or other person who makes this Return, Lewis M Eastman Jr

*Address,* 772 W Fort. St

*Remarks,* Breech Presentation

EP

8970002800

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82701

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of May 1897

4. Place of Birth, (Street and Number) 227 S Regester

5. Full Name of Mother, Emma Gelanon

6. Mother's Maiden Name, Schaefer Schaefer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Gelanon

9. Father's Occupation Longshoreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr A Duncan

Address, 224 E Pratt St

Remarks, Danny Well

8 9 7 0 0 0 2 8 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, date and place of birth; and the full name, age, color, occupation of its parents, the date and place of their marriage, and the number of children of the mother now living and the number born dead. In case no certificate of a certificate the birth person of such child to report its birth to the Commissioner of Health, should no parents so required, and said schedule of each the other, immediately or fail to be recovered. Every midwife, or other person who shall hereafter attend at the birth of any child, shall within the first day of the period above mentioned, deliver to the Commissioner of Health a certificate of such birth, in the form prescribed by the Commissioner and subscribed by the midwife, or other person who shall attend at the birth, stating the full name of the child, the date and place of birth; and the full name, age, color, occupation and residence of its parents, the date and place of their marriage, and the number of children of the mother now living and the number born dead. In case no certificate of such birth shall be delivered

# RETURN OF A BIRTH. 82702

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, born May [illegible] 1897
4. Place of Birth, (Street and Number) 2177 Hollas St. Baltimore Md.
5. Full Name of Mother, Lizzie Townsend
6. Mother's Maiden Name, Lizzie Smith
7. Mother's Birthplace, Accomack Va.
8. Full Name of Father, Joe townsend
9. Father's Occupation Barber Laborer
10. Father's Birthplace, Pokomoke City

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address 1731 E. Madison St.

Remarks, No remarks this is the full contents

8970002802

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82703 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May the 27
4. *Place of Birth, (Street and Number)* 842 Wine St
5. *Full Name of Mother,* Lulu Armistead
6. *Mother's Maiden Name,* Lulu Walker
7. *Mother's Birthplace,* Howard Co Md
8. *Full Name of Father,* John H Armistead
9. *Father's Occupation* Club
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs Annie Louis

*Address,* 871 Boyd St

*Remarks,*

1897 0002803

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82704

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th 1897
4. Place of Birth, (Street and Number) 215 S Durham St
5. Full Name of Mother, Katherine Ostermann
6. Mother's Maiden Name, Katherine Bauereisen
7. Mother's Birthplace, City
8. Full Name of Father, Johann Ostermann
9. Father's Occupation, Driver
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, H Pollack M.D.

Address, 1112 Eutaw St. North

Remarks, Child Name Marie Augustina Ostermann

8970002804

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RN 1236]

# RETURN OF A BIRTH. 82705

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 5 1897
4. *Place of Birth, (Street and Number)* 2205 Eastern Ave
5. *Full Name of Mother,* Mary Lamm
6. *Mother's Maiden Name,* " Michael
7. *Mother's Birthplace,* Baltimor
8. *Full Name of Father,* Charles F. F. W. Lamm
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant,* or other person who makes this Return, J T Spicknall M.D.

*Address,* 14 N Patterson Pk Ave

*Remarks,*

8470002805

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# RETURN OF A BIRTH. 82706

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, May the 5 1891
4. Place of Birth, (Street and Number) Hamburg fet 158
5. Full Name of Mother, ellen davis
6. Mother's Maiden Name, ellen Pinkney
7. Mother's Birthplace, Baltimor
8. Full Name of Father, James davis
9. Father's Occupation, Labour
10. Father's Birthplace, West indies

Name of Medical Attendant, or other person who makes this Return, Bridgit Hunt

Address, No 8 east Hurey st

Remarks, full 9 months

8 9 7 0 0 0 2 8 0 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82707

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5-97
4. Place of Birth, (Street and Number) 305 S Conway st
5. Full Name of Mother, Annie Perry
6. Mother's Maiden Name, Annie Canton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Perry
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J Thelan MD

Address, 2316 Druid Hill Ave

Remarks,

8 9 7 0 0 0 2 8 0 7

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82708

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5th 1897
4. Place of Birth, (Street and Number) House in Patterson Park
5. Full Name of Mother, Hattie Carter
6. Mother's Maiden Name, Hattie Gardner
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Henry Carter
9. Father's Occupation, Coffee Doctor
10. Father's Birthplace, Accomac Va.

Name of Medical Attendant, or other person who makes this Return, Mary Henry

Address, 1809 Lemmon St

Remarks, Child delicate

8970002808

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner child to report its birth, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83162

## CERTIFICATE AMENDED 8/23/72

### To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THEODORE EPSTEIN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, January 1897
4. *Place of Birth*, (Street and Number) 422 E. Pratt St
5. *Full Name of Mother*, Hetta ~~Epstein~~ EPSTEIN
6. *Mother's Maiden Name*, Theodore
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Harris ~~Epstein~~ EPSTEIN
9. *Father's Occupation* Cap maker
10. *Father's Birthplace*, Russia

*Name of Medical Attendant*, or other person who makes this Return, E. Sherman

*Address*, 42 Albemarle St

*Remarks*, FILED: 1897

897 0002809

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83163

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 January 1897
4. *Place of Birth, (Street and Number)* 62 Eager St
5. *Full Name of Mother,* Lena Labowitch
6. *Mother's Maiden Name,* Glass
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Labowitch
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, B Lebenmann

*Address,* 62 Eager St

*Remarks,*

1 8 9 7 0 0 0 2 8 1 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

836.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of such practitioner to the Commissioner of Health, in the manner provided, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83164

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 January 1897
4. *Place of Birth, (Street and Number)* 388 Forest St
5. *Full Name of Mother,* Ethel Shumsheen
6. *Mother's Maiden Name,* Dresler
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Shumsheen
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Sherman

*Address,* 42 Albemarle St

*Remarks,*

8 7 7 0 0 0 2 8 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83165

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 January 1897
4. *Place of Birth, (Street and Number)* 1511 Gough St
5. *Full Name of Mother,* Annie Bernstein
6. *Mother's Maiden Name,* Rosenberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jakob Bernstein
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, L. Eberman

*Address,* 72 Albemarle

*Remarks,*

8 9 7 0 0 0 2 8 1 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Months, and shall be dated as of the same can be ascertained. The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83166

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 January 1897
4. *Place of Birth, (Street and Number)* 1001 E. Lombard St
5. *Full Name of Mother,* Sarah Worley
6. *Mother's Maiden Name,* Yagerman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jos Worley
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Lehrman

*Address,* 72 Albemarle N

*Remarks,*

8 9 7 0 0 0 2 8 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 7-13-57

# RETURN OF A BIRTH. 83167

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Loretta Helen ~~———~~ Cadden

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 January 897
4. *Place of Birth, (Street and Number)* 84 Howard St
5. *Full Name of Mother,* Mary Ann Cadden
6. *Mother's Maiden Name,* Devaney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Cadden
9. *Father's Occupation* Horse collarmaker
10. *Father's Birthplace,* Scotland

*Name of Medical Attendant,* or other person who makes this Return, E. Schuerman

*Address,* 72 Albemarle St

*Remarks,*

8 7 0 0 0 2 8 1 4

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83168

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, January the 12 1897
4. Place of Birth, (Street and Number) 1414 N Street
5. Full Name of Mother, Mary L Green
6. Mother's Maiden Name, Mary ~~Green~~ Dorsey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, A Willan Dorsey
9. Father's Occupation, Brick yard
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, ~~Ann~~ Annie G Johnson

Address, 1012 Penn Alley

Remarks,

8970002815

Wm. J. C. Dulany Co., City Printers and Stationers.

[36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83169

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 January 1897
4. *Place of Birth, (Street and Number)* 232 Eden St
5. *Full Name of Mother,* Sarah Kaplan
6. *Mother's Maiden Name,* Kaplan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Kaplan
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Sherman

*Address,* 2 Albemarle St

*Remarks,*

8 9 7 0 0 0 2 8 1 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83170

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 January 897
4. Place of Birth, (Street and Number) 27 Exeter St
5. Full Name of Mother, Annie Rottner
6. Mother's Maiden Name, Dzubinsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Benis Rottner
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Liberman

Address, 42 Albemarle St

Remarks,

8 9 7 0 0 0 2 8 1 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

[86.]

month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83171

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 January
4. *Place of Birth, (Street and Number)* 128 High St
5. *Full Name of Mother,* Nadia Freeden
6. *Mother's Maiden Name,* Kahlen
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Freeden
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, S. Sherman

*Address,* 42 Aisquith

*Remarks,*

8 9 7 0 0 0 2 8 1 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83172

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Emanuel E. Farbman

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 21 January 1897 |
| 4. *Place of Birth, (Street and Number)* | 121 Albemarle St. |
| 5. *Full Name of Mother,* | Tillie (Farmen) Farbman |
| 6. *Mother's Maiden Name,* | Platt |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Benjamin (Farmen) Farbman |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | E. Schreuer |
| *Address,* | 72 Albemarle St |
| *Remarks,* | |

8 9 7 0 0 0 2 8 1 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83173

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 January 1897
4. Place of Birth, (Street and Number) 232 Williams st
5. Full Name of Mother, Rachel Levin
6. Mother's Maiden Name, Berkowitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Levin
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, #2 Albemarle st

Remarks,

8 9 7 U 0 0 2 8 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83174

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 January 897
4. *Place of Birth, (Street and Number)* 403 E Montana
5. *Full Name of Mother,* Sarah Berman
6. *Mother's Maiden Name,* Getzoff
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Simon Berman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, S. Sherman

*Address,* 42 Albemarle

*Remarks,*

8 7 7 0 0 0 2 8 2 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

monday, and shall set forth the same as the same can be ascertained, and shall state whether the child was born alive or dead, and if dead, whether it was a stillborn child, or died after birth; and the number of its parents, the date and place of birth; and the full name and occupation of the father of such child, if living, shall be entered in the form of a certificate between the first and second days of the month next after the birth of such child has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83175

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 27 January 1897
4. *Place of Birth, (Street and Number)* 29 East St.
5. *Full Name of Mother,* Edna Bernstein
6. *Mother's Maiden Name,* Kasner
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jos Bernstein
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Silverman

*Address,* 42 Albemarle St

*Remarks,*

8 9 7 0 0 0 2 8 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83176

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25 1897
4. Place of Birth, (Street and Number) 48 Market Place
5. Full Name of Mother, Sarah Elizabeth O'donnell
6. Mother's Maiden Name, Dees
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Joseph O'donnell
9. Father's Occupation Labor
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, E. Cheeseman

Address, 42 Aliceanna St

Remarks,

8 9 7 0 0 0 2 8 2 3

The persons shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83177

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 January 1897
4. Place of Birth, (Street and Number) 1808 Greenmount Ave
5. Full Name of Mother, Mrs George Wehn
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wehn Jr
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 510 Park Ave

Remarks,

8 4 7 0 0 0 2 8 2 4

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# RETURN OF A BIRTH. 83178

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6/97
4. Place of Birth, (Street and Number) 124 S. Register St.
5. Full Name of Mother, Louisa Saylor
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Saylor
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough St.

Remarks,

1 8 9 7 0 0 0 2 8 2 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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M 1236]

# RETURN OF A BIRTH. 83179

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7/97
4. *Place of Birth, (Street and Number)* 120 S. Durham St.
5. *Full Name of Mother,* Louisa Knapp
6. *Mother's Maiden Name,* Behler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Rudolph Knapp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Heisenhofer

*Address,* 2325 Gough St.

*Remarks,*

8970002826

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 83180

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7/97
4. *Place of Birth, (Street and Number)* 6. E. Caroline St.
5. *Full Name of Mother,* Louise Hermann Kahlhof
6. *Mother's Maiden Name,* Balto.
7. *Mother's Birthplace,* Louis Hermann
8. *Full Name of Father* Undertaker
9. *Father's Occupation* Germany
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Deisenhofer

*Address,* 2225 Gough St.

*Remarks,* 1897000 2827

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall become and within the period above required, and third day of each and every month to the physician or practitioner or at the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately after it shall occur without the aticadance of a physician or practitioner it shall be subshall occur without the mother, immediately thereafter it shall be subattendance upon the mother, immediately after the birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subchild to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83181

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | III |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 9/97 |
| 4. *Place of Birth, (Street and Number)* | 6. Woodsend Ter. |
| 5. *Full Name of Mother,* | Mary Seifert |
| 6. *Mother's Maiden Name,* | " Fay |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Nicholaus Seifert |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Deisenhofer |
| *Address,* | 2225 Gough St. |
| *Remarks,* | |

1897000 2823

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83182

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 12/97
4. *Place of Birth, (Street and Number)* 109 S. Ann Str.
5. *Full Name of Mother,* Bertha Reed
6. *Mother's Maiden Name,* " Dorman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John W. Reed
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Havre de Grace

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Dennis Cooper

*Address,* 2225 Lough St.

*Remarks,*

8970002829

Wm. J. C. Dulany Co., City Printers and Stationers.

Boards, and shall be dated as the same can be ascertained. The full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. # 83183

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12/97

4. Place of Birth, (Street and Number) 2240 E. Monument St

5. Full Name of Mother, Mary Seufert

6. Mother's Maiden Name, " Haberlander

7. Mother's Birthplace, Balto.

8. Full Name of Father, Geo. Seufert

9. Father's Occupation Tailor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2228 Gough St.

Remarks,

8 9 7 0 0 0 2 8 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236]

# RETURN OF A BIRTH. 83/84

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21/97
4. Place of Birth, (Street and Number) 302 E. Washington St.
5. Full Name of Mother, Mary Schreiber
6. Mother's Maiden Name, " Goetz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Herman Schreiber
9. Father's Occupation Barber
10. Father's Birthplace, Pensilvynia

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Young St.

Remarks,

8970002831

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83185

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25/97
4. Place of Birth, (Street and Number) 716 Linton St.
5. Full Name of Mother, Mary R. Ponte
6. Mother's Maiden Name, " " Progmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Bernhardt Ponte
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough St.

Remarks,

8970002832

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83156

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14/97
4. *Place of Birth, (Street and Number)* 1324 N. Gay St.
5. *Full Name of Mother,* Louisa Weller
6. *Mother's Maiden Name,* " Abel
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Weller
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Deisenhofer

*Address,* 2225 Lough St.

*Remarks,*

1 8 9 7 0 0 0 2 8 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83187

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17/97
4. Place of Birth, (Street and Number) 517 S. Montford Ave
5. Full Name of Mother, Annie Louden
6. Mother's Maiden Name, Reiley
7. Mother's Birthplace, Pennsylvinia
8. Full Name of Father, John G. Louden
9. Father's Occupation, Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Orleans St

Remarks, 1897 0002834

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83188

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22/97

4. Place of Birth, (Street and Number) 1603 Eastern

5. Full Name of Mother, Sophie Schneider

6. Mother's Maiden Name, " Heinz

7. Mother's Birthplace, Balto.

8. Full Name of Father, Lawrence Schneider

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Lough St.

Remarks, 1847000 2835

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred the full name of each child, if any shall have been conferred, and shall set forth, as far as the same can be ascertained the date and place of birth; and the month, and shall be delivered, duly signed by the full name and occupation of its parents, the date and place between the first and said schedule each and every month to physician or if it shall become the office of the Commissioner of Health. In case the birth of any child of its the form of a certificate between the birth of such third day of without the attendance of a physician or midwifery, or the person or persons required, and shall occur without the mother, Commissioner of Health, comply with the hereafter in the manner and within the provisions of this section shall be subattendance upon its birth to the who shall hereafter fail to report, or the period above required, and child to report it or persons who shall hereafter fail to be recovered duty of either of the parties mentioned in this section shall become liable to any such person or persons a penalty of ten (10) dollars for each offence, to be recovered jected to the fine of ten (10) dollars and forfeitures are recoverable. by with the provisions of this section as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83189

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21 97
4. *Place of Birth, (Street and Number)* 304 S. Montford Ave.
5. *Full Name of Mother,* Lillie Huber
6. *Mother's Maiden Name,* " V Linsay
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Huber
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Wm. Deisenhofer

*Address,* 2225 Lough St

*Remarks,*

8970002836

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83190

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | May 1/97 |
| 4. *Place of Birth, (Street and Number)* | Cor Payson & Clifton ave |
| 5. *Full Name of Mother,* | Mrs. Thos. S. Keen |
| 6. *Mother's Maiden Name,* | Margaret J. Keese |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Thos. S. Keen |
| 9. *Father's Occupation* | Produce Dealer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | E. A. Smith M. D. |
| *Address,* | 2531 Penna. Ave |
| *Remarks,* | |

8970002837

Wm. J. C. Dulany Co., City Printers and Stationers.

Births. Every birth occurring within the city of Baltimore shall be reported to the Commissioner of Health within the first ten days of each and every month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 83191

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George Elmer Zepp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, May 3 - 1897
4. Place of Birth, (Street and Number) 102 Old York road
5. Full Name of Mother, Catherine J. (Zeppe) Zepp
6. Mother's Maiden Name, " (Prescott) Kehn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Simon J. (Zeppe) Zepp
9. Father's Occupation Merchant
10. Father's Birthplace, Carral Co Md

Name of Medical Attendant, or other person who makes this Return, R L Ramsin MD

Address, 811 Jefferson Ave Waverly

Remarks,

1897 0002838

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83192

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 - 1897
4. Place of Birth, (Street and Number) 734 Gorsuch Ave Waverly
5. Full Name of Mother, Lda. L. Andrews
6. Mother's Maiden Name, " " Lambright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry. F. Andrews
9. Father's Occupation Laborer -
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks,

8 9 7 0 0 0 2 8 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and a certificate as to the same can be ascertained, the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

# RETURN OF A BIRTH. 83193

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10 1897
4. Place of Birth, (Street and Number) 1300 N. Stricker St
5. Full Name of Mother, Katherine Phelps-Dunn
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. Phelps
9. Father's Occupation Shirt Cutter
10. Father's Birthplace, Philadelphia Pa-

Name of Medical Attendant, or other person who makes this Return, R. J. Hankin

Address,

Remarks,

8970002840

Wm. J. C. Dulany Co,. City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 11-19-58

# RETURN OF A BIRTH. #3194

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul Southerland ——— Parris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 - 1897
4. Place of Birth, (Street and Number) 18 Independent St Waverly
5. Full Name of Mother, Annie M Parris
6. Mother's Maiden Name, " " Donoghue
7. Mother's Birthplace, Delaware
8. Full Name of Father, James W Parris
9. Father's Occupation Minister of the Gospel
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson ave Waverly

Remarks,

8 7 7 0 0 0 2 8 4 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83195

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15 1897
4. *Place of Birth, (Street and Number)* 617 Windmere Ave Waverly
5. *Full Name of Mother,* Bell. E. Hammond
6. *Mother's Maiden Name,* " " Price
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* George W Hammond
9. *Father's Occupation* Traveling Agent
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* R G Rankin M D

*Address,* 811 Jefferson ave Waverly

*Remarks,*

18970002842

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83196

GIVEN NAME ADDED, 4-18-62

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Stansbury Braun

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17 '97

4. Place of Birth, (Street and Number) 1631 E Lanvale

5. Full Name of Mother, Jeannette Braun

6. Mother's Maiden Name, Donovan

7. Mother's Birthplace, Md

8. Full Name of Father, Henry Wm Braun

9. Father's Occupation Printer

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1601 Broadway

Remarks,

8 7 7 0 0 0 2 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83197

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* May 20-1894
4. *Place of Birth, (Street and Number)* 228 Old York road
5. *Full Name of Mother,* Mary E. Setterding
6. *Mother's Maiden Name,* " " — Baessler
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* John H. Setterding
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, R G Rankin M D

*Address,* 811 Jefferson ave Waverly

*Remarks,*

8970002844

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83198

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* May 24 - 1897
4. *Place of Birth, (Street and Number)* 109 Rus St Waverly
5. *Full Name of Mother,* Mary . A. Folks
6. *Mother's Maiden Name,* " Barranger
7. *Mother's Birthplace,* Baltimore Co md
8. *Full Name of Father,* Dra . M. Folks
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant, or other person who makes this Return,* R. G. Rankin M D

*Address,* 811 Jefferson Ave Waverly

*Remarks,*

84 / U 0 0 2 8 4 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered month to the officer or practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the attendant immediately thereafter, in the case of the Commissioner of Health. Should no other person be in attendance upon the mother, it shall become and within the period above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83199

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th
4. Place of Birth, (Street and Number) 2726 Franklin st
5. Full Name of Mother, Emma Amelia Hardin
6. Mother's Maiden Name, Emma Amelia Wentz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hardin
9. Father's Occupation Baltimore Lottery Co.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Fenwick St

Remarks,

1897 0002846

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83200

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | may 27 '97 |
| 4. *Place of Birth, (Street and Number)* | 1727 E Oliver St |
| 5. *Full Name of Mother,* | Ella McCord Groves |
| 6. *Mother's Maiden Name,* | " " Barnes |
| 7. *Mother's Birthplace,* | md. |
| 8. *Full Name of Father,* | Wm Clyde Groves |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Chesapeake City Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J. Walton |
| *Address,* | 1601 Broadway |
| *Remarks,* | |

8 9 7 0 0 0 2 8 4 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately (hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83201

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 31 97 |
| 4. *Place of Birth, (Street and Number)* | 1442 N Gay |
| 5. *Full Name of Mother,* | Anna Virginia Steinmetz |
| 6. *Mother's Maiden Name,* | " " Hart |
| 7. *Mother's Birthplace,* | District Columbia |
| 8. *Full Name of Father,* | Fred L. Steinmetz |
| 9. *Father's Occupation* | Collector |
| 10. *Father's Birthplace,* | Ohio |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J. Watson |
| *Address,* | 1601 Broadway |
| *Remarks,* | |

8970002848

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attending shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83202

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 27th
4. Place of Birth, (Street and Number) 807 E Chase st
5. Full Name of Mother, Annie E Monahan
6. Mother's Maiden Name, Annie E Buckley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frank C Monahan
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Woden

Address, No 1116 E Hoffman St

Remarks,

8970002849

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83203

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 26th |
| 4. *Place of Birth, (Street and Number)* | 1231 Fremont Ave |
| 5. *Full Name of Mother,* | Ida Estelle Fischel |
| 6. *Mother's Maiden Name,* | Ida Estelle Wright |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Edward Conrad Fischel |
| 9. *Father's Occupation* | Barber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Wooden |
| *Address,* | 1000 E. Hoffman St |
| *Remarks,* | |

8 4 7 0 0 0 2 8 5 0

month, and shall set forth as near as the same can be ascertained the full name at each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83204

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 29, 1897.
4. Place of Birth, (Street and Number) No. 1535 Holbrook Street
5. Full Name of Mother, Mrs. Caroline Hahn
6. Mother's Maiden Name, Caroline Hahn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Stephen J. Schlecht
9. Father's Occupation Compositor
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return Mrs. Wooden

Address, 1000 East Hoffman Street

Remarks,

8970002851

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person above required, and hereafter it shall be the duty of the mother, immediately upon the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately of Health, in the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83205.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 31

4. *Place of Birth, (Street and Number)* 1620 Latrobe

5. *Full Name of Mother,* Mrs. Annie Clemens

6. *Mother's Maiden Name,* Maggie Eckleigh

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* Arthur Wallerstedt

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Woden

*Address,* 1000 S Glenarm St

*Remarks,* No Remarks

8970002852

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83206

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | M. |
| *2. Race or Color (if not of the white race),* | W. |
| *3. Date of Birth,* | May 13. 1897 |
| *4. Place of Birth (Street and Number),* | 222 S. Eden |
| *5. Full Name of Mother,* | Ida Meyrowitz |
| *6. Mother's Maiden Name,* | Levine |
| *7. Mother's Birthplace,* | Russia |
| *8. Full Name of Father,* | Theodore Meyrowitz |
| *9. Father's Occupation,* | Salesman. |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Alpheus Letherbury M.D. |
| *Address,* | 1121 E. Baltimore St. |
| *Remarks,* | |

8970002853

This schedule shall contain a list of the births which have occurred since the ... day of ... and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83207

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1897.
4. Place of Birth, (Street and Number) 824 Chatsworth
5. Full Name of Mother, Annie T. Longnecker
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George T. Longnecker
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, May Kopelke M.D.

Address, 905 W Washington Ave

Remarks,

18970002854

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83208

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex (state whether male or female),* | M. |
| 2. *Race or Color (if not of the white race),* | W. |
| 3. *Date of Birth,* | May 19th 1897 |
| 4. *Place of Birth (Street and Number),* | 908 E. Fayette St. |
| 5. *Full Name of Mother,* | Annie Sauber. |
| 6. *Mother's Maiden Name,* | Groff. |
| 7. *Mother's Birthplace,* | Russia. |
| 8. *Full Name of Father,* | Adolph F. Sauber. |
| 9. *Father's Occupation,* | Banker. etc |
| 10. *Father's Birthplace,* | Russia. |
| *Name of Medical Attendant,* or other person who makes this Return. | Aspasia Litsteard M.D. |
| *Address,* | 1121 E. Balt St |
| *Remarks,* | |

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and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83209

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 20th 1897
4. Place of Birth, (Street and Number) 2122 Division
5. Full Name of Mother, Hannah Chaney
6. Mother's Maiden Name, Purey
7. Mother's Birthplace, Calvert Co and
8. Full Name of Father, James Chaney
9. Father's Occupation Laborer
10. Father's Birthplace, Calvert Co md

Name of Medical Attendant, or other person who makes this Return, Sarah E Dett

Address, 1617 N Calhoun St

Remarks, 8970002855

Items. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83210

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21 - 1897.
4. Place of Birth, (Street and Number) 2217 Madeira.
5. Full Name of Mother, Sara Tillman
6. Mother's Maiden Name, Gaynor
7. Mother's Birthplace, Joseph Tillman
8. Full Name of Father, Carpenter
9. Father's Occupation, Ireland
10. Father's Birthplace, Mary Hopkins

Name of Medical Attendant, or other person who makes this Return, 915 N. Washington St

Address,

Remarks, 8970002857

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83211

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22 1892
4. *Place of Birth, (Street and Number)* No 9 Castle St
5. *Full Name of Mother,* Annie Foy.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Foy.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Kyttis

*Address,* 265 N Wahnut St

*Remarks,*

8970002858

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83212

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 nd 1897.
4. Place of Birth, (Street and Number) 2005 Jefferson St.
5. Full Name of Mother, Maunie Whitelock
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Whitelock
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 915 N Washington Ave

Remarks,

1 8 9 7 0 0 0 2 8 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83213

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 th 1898
4. Place of Birth, (Street and Number) 816 E. Chapel St
5. Full Name of Mother, Mary [illegible] B
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Mike Karth.
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return Mary K. Fox

Address, 903 N Washington Ave

Remarks,

8970002860

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the Commissioner of Health of Baltimore City to cause to be printed and distributed to the midwives and practicing physicians of said city, blank forms of certificates of births, which shall have been approved by the Board of Health of said city, and which shall require such information as may be required to establish the identity of the child born, and which shall contain the particulars necessary to secure a correct registration of the birth, including the sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife in attendance at the birth, and such other information as may be required by the Board of Health of said city; and it shall be the duty of every midwife and practicing physician in said city to report to the Commissioner of Health, on the blank forms furnished by him, every birth at which they shall be in attendance, within ten days after the occurrence of such birth, and to make a return of all births at which they shall be in attendance during the month, on the first day of the succeeding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83214

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether male or female),* | M |
| 2. *Race or Color (if not of the white race),* | W. |
| 3. *Date of Birth,* | May 27- 1897 |
| 4. *Place of Birth (Street and Number),* | 44 Centre Market. |
| 5. *Full Name of Mother,* | Sarah Krakower |
| 6. *Mother's Maiden Name,* | — Crook |
| 7. *Mother's Birthplace,* | Russia. |
| 8. *Full Name of Father,* | Morris Krakower |
| 9. *Father's Occupation,* | Store |
| 10. *Father's Birthplace,* | Russia. |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Whitehead M.D. |
| *Address,* | 1121 E. Bell Pl. |
| *Remarks,* | |

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Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH 83215

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Emanuel Joblin

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| *1. Sex (state whether male or female),* | M. |
| *2. Race or Color (if not of the white race),* | W. |
| *3. Date of Birth,* | May 26- 1897 |
| *4. Place of Birth (Street and Number),* | 209 S. High. |
| *5. Full Name of Mother,* | Ida Joblin. |
| *6. Mother's Maiden Name,* | — Weitzman. |
| *7. Mother's Birthplace,* | Russia. |
| *8. Full Name of Father,* | Hyman Joblin. |
| *9. Father's Occupation,* | Tailor. |
| *10. Father's Birthplace,* | Russia. |
| *Name of Medical Attendant,* or other person who makes this Return. | Adopted Citizen Ins. |
| *Address,* | 1121 E. Baltimore. |
| *Remarks,* | |

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ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

CERTIFICATE CORRECTED 5-15-57

# RETURN OF A BIRTH. [redacted] 53216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Edgar Litchfield 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4 ~~May 29th~~, 1897
4. Place of Birth, (Street and Number) 1539 W Lanvale St
5. Full Name of Mother, Isabelle Hardle Litchfield
6. Mother's Maiden Name, Isabelle Hardle
7. Mother's Birthplace, Balt. Md
8. Full Name of Father, Edgar Litchfield
9. Father's Occupation, Clerk
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Robt K Kwan

Address, 1001 W Lanvale St

Remarks,

1897 00 02863

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83217

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 14, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1129 Cleveland Ave. |
| 5. *Full Name of Mother,* | Louisa Pfaff. |
| 6. *Mother's Maiden Name,* | Schumacher |
| 7. *Mother's Birthplace,* | Balto Md. |
| 8. *Full Name of Father,* | John Pfaff. |
| 9. *Father's Occupation* | Hat maker |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | H. E. Knipp, M.D. |
| *Address,* | 523 Scott St |
| *Remarks,* | |

8970002864

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83218

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 19, 1897. |
| 4. *Place of Birth, (Street and Number)* | 906 Columbia Ave. |
| 5. *Full Name of Mother,* | Carrie Gross. |
| 6. *Mother's Maiden Name,* | " Schlickeman |
| 7. *Mother's Birthplace,* | Balto Md. |
| 8. *Full Name of Father,* | Geo. Gross |
| 9. *Father's Occupation* | Grocryman |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | H. E. KNIPP M. D., 829 SCUTT ST., BALTO., MD. |
| *Address,* | |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83219

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 14, 1897 |
| 4. *Place of Birth, (Street and Number)* | 113 S. Castle St |
| 5. *Full Name of Mother,* | Kate Geary |
| 6. *Mother's Maiden Name,* | " Kennedy. |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | Thomas Geary. |
| 9. *Father's Occupation* | Fireman. |
| 10. *Father's Birthplace,* | Ireland. |
| *Name of Medical Attendant,* or other person who makes this Return, | H. E. KNUPP M. D. 829 SCOTT ST., BALTO., MD. |
| *Address,* | |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83220

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 30, 1897 |
| 4. *Place of Birth, (Street and Number)* | 722 N. Monroe St. |
| 5. *Full Name of Mother,* | Emma Barry. |
| 6. *Mother's Maiden Name,* | " Chandler |
| 7. *Mother's Birthplace,* | Howard Co. Md. |
| 8. *Full Name of Father,* | Harry Barry. |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto, Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | H. E. KNIPP, M. D. 827 SOUTH ST., BALTO., MD. |
| *Address,* | |
| *Remarks,* | |

8970002867

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83221

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* 16 day of May 1897
4. *Place of Birth, (Street and Number)* 713 Appleton St.
5. *Full Name of Mother,* Mary E. Woods
6. *Mother's Maiden Name,* Marks
7. *Mother's Birthplace,* St. Mary's Co. Md
8. *Full Name of Father,* Geo. B. Woods
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Baltimore — Md.

*Name of Medical Attendant, or other person who makes this return.* Paul H. Gordon M.D.

*Address,* 1012 W. Lemmon St —

*Remarks,* 0002868

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 83222

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 18 day of May 1897
4. *Place of Birth, (Street and Number)* 622 N. Bruce St
5. *Full Name of Mother,* Annie Bertha Green
6. *Mother's Maiden Name,* Carter
7. *Mother's Birthplace,* King Wm Co. Va
8. *Full Name of Father,* Walter Green
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* King Wm Co. Va

*Name of Medical Attendant,* or other person who makes this Return. Paulette Goddard

*Address,*

*Remarks,* 8 4 7 U 0 0 2 8 6 9

Health. The Return must contain a statement of the name which may be given to such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83223

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th, 1897

4. Place of Birth, (Street and Number) 1606 N. Hopkins Ave.

5. Full Name of Mother, Paulmi Einman Lessner

6. Mother's Maiden Name, Paulmi Einman.

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, George Lessner.

9. Father's Occupation Collector.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Benton, M.D.

Address, S.W. Cor. Calvert & Preston Sts

Remarks,

1897 0002870

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83224

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Eagle

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 of Jan 1897

4. Place of Birth, (Street and Number) 1403 & Bank St

5. Full Name of Mother, Annie Horn

6. Mother's Maiden Name, Annie Hartman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Conrad Horn

9. Father's Occupation Grade Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Drs & Sherman

Address, 42 Albemarle St.

Remarks, 8970002871

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be born, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236 |

# RETURN OF A BIRTH. 83225

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 19 Jan 1897 |
| 4. *Place of Birth, (Street and Number)* | 213 Jackson St |
| 5. *Full Name of Mother,* | Libby Duerriss |
| 6. *Mother's Maiden Name,* | Michelof Duerriss |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Dwyer Duerriss |
| 9. *Father's Occupation* | Peddler. |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman. |
| *Address,* | 42 Albemarle St. |
| *Remarks,* | 18970002872 |

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

CERTIFICATE CORRECTED 7-22-55

# RETURN OF A BIRTH. 83226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Sanker

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th Child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 19 May 1897 |
| 4. Place of Birth, (Street and Number) | 208 Eden St. |
| 5. Full Name of Mother, | Beckie (Chaie) Sanker |
| 6. Mother's Maiden Name, | Beckie Taatach. (Pch) |
| 7. Mother's Birthplace, | Russia |
| 8. Full Name of Father, | Davis (Chaie) Sanker |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace, | Russia |
| Name of Medical Attendant, or other person who makes this Return, | Mrs E. Sherman |
| Address, | 42 Altemarle St. |
| Remarks, | 8970002873 |

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the birth to the Commissioner of Health, in the manner and upon the provisions of this section shall be sub- child to report its birth to the Commissioner of fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83227

GIVEN NAME ADDED, 8-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Aaron Proser

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 22 of May 1897. |
| 4. *Place of Birth, (Street and Number)* | 244. S. Exeter St. |
| 5. *Full Name of Mother,* | Minnie Proser |
| 6. *Mother's Maiden Name,* | Minnie Lichtenstein |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Solomon Proser |
| 9. *Father's Occupation* | Upholster |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman. |
| *Address,* | 42. Albemarle St. |
| *Remarks,* | |

8970002874

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83228

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 23 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | 300 S High St. |
| 5. *Full Name of Mother,* | Beckie Kramer |
| 6. *Mother's Maiden Name,* | Beckie Kross |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Joe Kramer |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman |
| *Address,* | 42 Aisquith St. |
| *Remarks,* | |

8970002875

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83229

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of May 1897
4. Place of Birth, (Street and Number) 300 South St.
5. Full Name of Mother, Jennie Elsesser.
6. Mother's Maiden Name, Jennie Fraint
7. Mother's Birthplace, Germany
8. Full Name of Father, Isaac Elsesser.
9. Father's Occupation Stovekeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jno E. Scherman.

Address, 42 Altemarle St.

Remarks,

8970002876

Wm. J. C. Dulany Co., City Printers and Stationers.

82710

RETU

To the Office of Registrar

*No. of Child of Mother* (state whet

1. *Sex*, (state whether male or fe

2. *Race or Color*, (if not of the

3. *Date of Birth*, Ma

4. *Place of Birth*, (Street and N

5. *Full Name of Mother*, A

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*, A

8. *Full Name of Father*, A

9. *Father's Occupation* G

10. *Father's Birthplace*, A

*Name of Medical Attendant*,

*Address*,

*Remarks*,

any such person or persons who shall neglect
liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recover

Wm. J. C. Dulany Co., City Printers an

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# RET

## To the Office of Reg

*No. of Child of Mother, (stat*

1. *Sex, (state whether male*
2. *Race or Color, (if not of*
3. *Date of Birth,* 12 Jan
4. *Place of Birth, (Street an*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attend*

*Address,* 1757 E 6

*Remarks,* No man

8970002878

NOTE: ... name ... born. ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Statio

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82712

To the Office

*No. of Child of Mother*

1. *Sex, (state whether*
2. *Race or Color, (if*
3. *Date of Birth,*
4. *Place of Birth, (Street a*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthpl*

*Name of Medical* end

*Address,*

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person of such shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and St

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1897
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# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

827-9

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 918 Potomac |
| 5. *Full Name of Mother,* | Theresa A Mardener |
| 6. *Mother's Maiden Name,* | Mary E. Baumschmidt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Mardener |
| 9. *Father's Occupation* | Baltimore |
| 10. *Father's Birthplace,* | Tailor |
| *Name of Medical Attendant, or other person who makes this Return,* | L. P. Merrington |
| *Address,* | #124 Bouren st |
| *Remarks,* | |

8970002880

said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RN OF A BIRTH. 82713

of Vital Statistics, Board of Health, Baltimore City.

r 1st, 2d, 3d, &c.) 3rd

e) Male

e race)

Nov. 6th 1897

#716 St. Peter

Mamie Hoehn

Mamie Fury

Balto Md.

Frank H. Hoehn

Frank Baker

Balto. Md.

n who Mrs Hunter

8970002881

been conferred; its sex, color, the full name and occupation of the parents, the date of the marriage, and the number of children born to the present mother, including the child reported. Any practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82714 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3d Child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | Aug 4th 1897 |
| 4. Place of Birth, (Street and Number) | 837 Stockholm Street |
| 5. Full Name of Mother, | Ella Cooper |
| 6. Mother's Maiden Name, | Ella Jennings |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | John Cooper |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Charity Boulden |
| Address, | 80 E Stockholm St |
| Remarks, | Doing Well |

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Wm J C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82715

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 7th May |
| 4. *Place of Birth, (Street and Number)* | 846 Aisquith Street |
| 5. *Full Name of Mother,* | Laurenia Williams |
| 6. *Mother's Maiden Name,* | Laurenia Laurenia Clark |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Charles Williams |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore County |
| *Name of Medical Attendant, or other person who makes this Return,* | Isabella M Allen |
| *Address,* | 847 Block Aisquith Street |
| *Remarks,* | |

Health. This Schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82716

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 7 1897.
4. Place of Birth, (Street and Number) Baltimore & 23 E. Pratt St.
5. Full Name of Mother, Annie Jafe.
6. Mother's Maiden Name, Annie Hanovitz.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Harry Jafe.
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Hanny Silverman.

Address, 36 Albemarle St.

Remarks, Midwife.

1897 00028884

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82717 A.

GIVEN NAME ADDED 7-23-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Naomi E. ~~Saylor~~ Taylor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7, 97
4. Place of Birth, (Street and Number) 1946 Walbrook Ave
5. Full Name of Mother, Bertha E. Taylor
6. Mother's Maiden Name, Bertha E. Riddle
7. Mother's Birthplace, Prince George's Co Maryland
8. Full Name of Father, Thornton E. Taylor
9. Father's Occupation Clerk.
10. Father's Birthplace, Union Bridge

Name of Medical Attendant, or other person who makes this Return, Thomas J. Talbott M.D.

Address, 2505 Seneca Ave.

Remarks,

8470002885

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attending physician or midwife shall certify the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82718

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 7th 97 |
| 4. *Place of Birth, (Street and Number)* | 1422 Hollins St. |
| 5. *Full Name of Mother,* | Rosa King |
| 6. *Mother's Maiden Name,* | Rosa LeGrande |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Eugene King |
| 9. *Father's Occupation* | Mechanic |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | J. Iglehart Smith M.D. |
| *Address,* | 605 Columbia Ave |
| *Remarks,* | |

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82719

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (~~strike out male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5th
4. Place of Birth, (Street and Number) 611 N. Franklin St
5. Full Name of Mother, Katherine E. Shallenberger
6. Mother's Maiden Name, " " Haeffner
7. Mother's Birthplace, City
8. Full Name of Father, Henry J. Shallenberger
9. Father's Occupation Electrician
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Geo. W. Barkman

Address, 207 N. Gilbert St

Remarks,

8970002887

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 82720

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 tes

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st of May 1897
4. *Place of Birth, (Street and Number)* 506 Pearson St Baltimore
5. *Full Name of Mother,* Lizzie Find
6. *Mother's Maiden Name,* Gust
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Find
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Anna Bouchelt

*Address,* 1914 West Pratt Street

*Remarks,*

8970002888

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82721

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or ~~female~~) Two Males (Twins)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 7th 1897
4. Place of Birth, (Street and Number) 812 Whatcoat St
5. Full Name of Mother, Sarah Ann Elizabeth Sutton
6. Mother's Maiden Name, Treadwell
7. Mother's Birthplace, Chowan County N. C.
8. Full Name of Father, Edward H. Sutton
9. Father's Occupation Labor
10. Father's Birthplace, North Carolinia

Name of Medical Attendant, or other person who makes this Return, Mary Catherine Jones

Address, ~~812 Whatcoat St~~ 1121 W. Saratoga St.

Remarks,

84700062869

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births within the ... the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of the ... a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or of the person or parents of such said schedule shall be delivered, duly signed by the practitioner in the form of ... In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the ... required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH. 82722

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 6th 1922

4. Place of Birth, (Street and Number) 209 N. Appleton St

5. Full Name of Mother, Catherine Edelen

6. Mother's Maiden Name, Catherine Keller

7. Mother's Birthplace, Catonsville Howard County

8. Full Name of Father, William Henry Edelen

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Hunter

Address, 23 N. Appleton St

Remarks,

8970002890

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

286.]

# RETURN OF A BIRTH. 82723

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* mar 7 1897
4. *Place of Birth,* (*Street and Number*) Edmondale St 1155 Baltimore
5. *Full Name of Mother,* Mrs Charlotte Frances Carroll
6. *Mother's Maiden Name,* Charlotte Frances Whibley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward Francis Carroll
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Hunter

*Address,* 28 No Patterson Pk

*Remarks,*

8970002891

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82724

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Friday May 7. 1897
4. *Place of Birth, (Street and Number)* Baltimore Md. 739 Walnut street
5. *Full Name of Mother,* Florence Dawy.
6. *Mother's Maiden Name,* Florence Denby.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Dawy.
9. *Father's Occupation* Labr.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Ann Mason.

*Address,* 587 Walnut street

*Remarks,*

8970002892

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82725

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8
4. Place of Birth, (Street and Number) 2424 Druid Hill Ave
5. Full Name of Mother, Mary Coakley
6. Mother's Maiden Name, Mary Coakley
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jeremiah Coakley
9. Father's Occupation Nurse
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, James A. Melvin

Address, 2416 Druid Hill Ave

Remarks,

8970002893

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjectel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82726

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8 1897.
4. Place of Birth, (Street and Number) 14 12 E. Lombard St. Balto
5. Full Name of Mother, Jede Glasser.
6. Mother's Maiden Name, Jede Horowitz
7. Mother's Birthplace, Rossia
8. Full Name of Father, Mendel Glasser.
9. Father's Occupation, Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Fenne Silberman

Address, No 36 Albemarle St.

Remarks, Midwife.

8970002894

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82427

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names, which shall be the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday May 8th 1897
4. Place of Birth, (Street and Number) Baltimore 923 Smith Alley
5. Full Name of Mother, Mrs. Jn. Price
6. Mother's Maiden Name,
7. Mother's Birthplace, Harford County
8. Full Name of Father, Edward Price
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Frost

Address, 902 Hillman Street

Remarks,

8970002895

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82728

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 1897
4. Place of Birth, (Street and Number) 609 Ingraham Alley
5. Full Name of Mother, Annie R. Reynolds
6. Mother's Maiden Name, Annie R. Grace
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Reynolds
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary Hosey

Address, 1859 Lorman Alley

Remarks,

8970002896

month, and shall set forth as far as the same can be ascertained the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82729

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1897
4. Place of Birth, (Street and Number) 516. Brune St.
5. Full Name of Mother, Agnes Rotan
6. Mother's Maiden Name, Susan Platzer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Rotan
9. Father's Occupation, Candy Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James E Willing MD

Address, 871 Hanover Ave

Remarks,

8 4 7 0 0 0 2 8 9 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82730

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of May
4. Place of Birth, (Street and Number) 2125 E Lanvale
5. Full Name of Mother, Virginia A Lawson
6. Mother's Maiden Name, Captain
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, John D Lawson
9. Father's Occupation Waterman
10. Father's Birthplace, Somerset Co Md

Name of Medical Attendant, or other person who makes this Return, M A Dennard

Address, 2024 E Pratt St

Remarks, assisted by Dr Rust

of Mother 8 9 7 0 0 8 2 8 9 8

Wm. C. Dulany Co., City Printers and Stationers.

The Board of Health requires that a return of every birth shall be made within the first month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82731

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9 1897

4. Place of Birth, (Street and Number) 6 N Exeter St.

5. Full Name of Mother, Gertrude Hughes

6. Mother's Maiden Name, Mintdrop

7. Mother's Birthplace, Cumberland Md.

8. Full Name of Father, Christopher Hughes

9. Father's Occupation Printer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Monroe Ave

Remarks, [illegible] Stillbirth

1897 00 22899

month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

tion of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of said schedule shall be delivered, duly signed by the practitioner third day of each and every month to the office of the Commissi shall occur without the attendance of a physician or practitione attendance upon the mother, immediately thereafter it shall be child to report its birth to the Commissioner of Health, in the ma any such person or persons who shall hereafter fail to comply jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82732

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9 1897
4. *Place of Birth, (Street and Number)* 1218 Baltimore St
5. *Full Name of Mother,* Martha Dixon
6. *Mother's Maiden Name,* Martha Jenkins
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John N. Dixon
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, Robert L Robinson MD

*Address,* 1031 N. Caroline St

*Remarks,* Eighth mouth baby. Lived twenty four hours. 8 9 7 U 0 0 2 9 0 0

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82733

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 9th 1918 |
| 4. *Place of Birth, (Street and Number)* | 1718 Howard St. |
| 5. *Full Name of Mother,* | Sarah Brown |
| 6. *Mother's Maiden Name,* | Sarah Brown |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Hollis |
| 9. *Father's Occupation* | Both mother and father go to school |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Cordelia Howard |
| *Address,* | 1010 N. Chapel st |
| *Remarks,* | |

8970002901

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82734

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (~~white, black~~ white race) White
3. Date of Birth, May 10th 1894
4. Place of Birth, (Street and Number) 1032 W. Barre St
5. Full Name of Mother, ~~Louise E.~~ Kamm
6. Mother's Maiden Name, Louise Englehardt
7. Mother's Birthplace, Germany
8. Full Name of Father, George H. Kamm
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St -

Remarks,

8970002902

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82735

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 2 1897
4. Place of Birth, (Street and Number) 311 S. Bethel St.
5. Full Name of Mother, Lizzie Fox
6. Mother's Maiden Name, Mondawney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Fox
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8970002903

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82736

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May — 3 — 1897
4. *Place of Birth, (Street and Number)* 907 Trinity St.
5. *Full Name of Mother,* Lizzie Hause
6. *Mother's Maiden Name,* Hartman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Lee Hause
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Elicott City Md

*Name of Medical Attendant,* or other person who makes this Return Mary Stein

*Address,* 427 E. Pratt St.

*Remarks,*

8970002904

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to the same (in the case of a child born out of the City of Baltimore, the fact of such birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82737

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 1897.
4. *Place of Birth, (Street and Number)* 1146 Philpot Alley.
5. *Full Name of Mother,* Sarah Smelter.
6. *Mother's Maiden Name,* Sarah Bequit.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Smelter
9. *Father's Occupation* Foreman.
10. *Father's Birthplace,* Prussia.

*Name of Medical Attendant,* or other person who makes this Return, E. Scherman.

*Address,* 42 Albemarle St.

*Remarks,* 8970002905

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82738

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 10th 1897
4. Place of Birth, (Street and Number) 1909 Woodyear Street
5. Full Name of Mother, Lesie Longuet
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Donall
9. Father's Occupation, Carpet Cleaner
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary A Posey

Address, 1809 Lanman Al-

Remarks,

8970002906

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-14-55

# RETURN OF A BIRTH. 82739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Elizabeth Dorothy Herring 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11, '97
4. Place of Birth, (Street and Number) 2024 Linden Ave
5. Full Name of Mother, Emma A Herring
6. Mother's Maiden Name, Emma A. Cobb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, C. Stewart Herring
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W. McLean Yost M.D.

Address, 1231 Argyle Ave

Remarks,

8 7 7 U 0 0 2 9 0 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

1236

# RETURN OF A BIRTH. 82740 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, Tuesday May 11, 1897
4. Place of Birth, (Street and Number) 1855 Fulton Terrace
5. Full Name of Mother, Mary Turner
6. Mother's Maiden Name,
7. Mother's Birthplace, Talbot Co Md.
8. Full Name of Father, Illegit
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo. S. Everhart M.D.

Address, Md. Homeo. Hospital, 1122 N. Mount St.

Remarks,

8 4 7 0 0 0 2 9 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, who shall be in attendance upon any birth, shall, within ten days thereafter, make a return thereof to the Commissioner of Health, which shall be signed by the midwife, physician or practitioner in midwifery in attendance, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born at the same time,) the sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82741 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 12th. 1897

4. Place of Birth, (Street and Number) 809 Plowman St.

5. Full Name of Mother, Josephine Cambardella

6. Mother's Maiden Name, Josephine Marra

7. Mother's Birthplace, Italy

8. Full Name of Father, Vitto Cambardella

9. Father's Occupation Labor

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42. Albemarle St.

Remarks,

8970002909

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82742

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 2 97
4. Place of Birth, (Street and Number) 749 Division
5. Full Name of Mother, Carrie Sawyer
6. Mother's Maiden Name, Carrie Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wilson Sawyer
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible]

Address, [illegible]

Remarks,

8970002910

Wm J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be reported to the Commissioner of Health, by the attending physician or midwife, within ten days after such birth, and in case there shall be no attendance upon the mother at the birth, or in case the attendance shall be upon the mother only, then by the father, mother, householder or owner of the premises where the birth occurred, within ten days after the birth, and in case the child shall be born on board any vessel, then by the captain or master of such vessel within ten days after the arrival of such vessel at any port or place within the limits of this city; and the certificate required to be given by the person reporting the birth shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82743 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 12/97 |
| 4. *Place of Birth, (Street and Number)* | 1433 Maubut St |
| 5. *Full Name of Mother,* | Mrs Ellen Williams |
| 6. *Mother's Maiden Name,* | Mrs " Tuley |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | James Williams |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Ann Comer |
| *Address,* | 1112 Hanover St |
| *Remarks,* | City |

8 9 7 0 0 0 2 9 1 1

Wm. J. C. Dulany Co., City Printers and Stationers

...which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82744

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* May 13th 1897
4. *Place of Birth, (Street and Number)* No 1304 E. Eager, St
5. *Full Name of Mother,* Anna Myers
6. *Mother's Maiden Name,* Kreus
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jno Myers
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs L. Gross.

*Address,* No 1907 E Monument St.

*Remarks,*

8970002912

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

# RETURN OF A BIRTH. 82745

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, Nov 14th 1907

4. Place of Birth, (Street and Number) 1207 E Eutaw Place

5. Full Name of Mother, Mary Sinclair

6. Mother's Maiden Name, Ruth

7. Mother's Birthplace, Orleans

8. Full Name of Father, P. J. Sinclair

9. Father's Occupation Coal & Wood dealer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr L. Grin

Address, 1107 E Monument St

Remarks, Full name of child Perry M. Sinclair

8970002913

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82746

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 14th |
| 4. *Place of Birth, (Street and Number)* | 227 West Pratt St |
| 5. *Full Name of Mother,* | Stella Scheel |
| 6. *Mother's Maiden Name,* | Stella Fishburgh |
| 7. *Mother's Birthplace,* | Balt Co |
| 8. *Full Name of Father,* | George Scheel |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Balt Co - |
| *Name of Medical Attendant,* or other person who makes this Return, | / |
| *Address,* | Hollingsworth Alley |
| *Remarks,* | 847 W Pratt St |

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82747 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, may 14th 1897

4. Place of Birth, (Street and Number) Maternité

5. Full Name of Mother, Mary Turner

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, —

9. Father's Occupation —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. Alston Blanchard M.D.

Address, Resident Physician Maternité Hospital 113-115 Lombard St.

~~Remarks~~,

8 4 7 0 0 0 2 9 1 5

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month, and the said certificate shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82748

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May the 14
4. Place of Birth, (Street and Number) Watchco st 916
5. Full Name of Mother, Emil Woods
6. Mother's Maiden Name, Emil Jones
7. Mother's Birthplace, Prince Georges County
8. Full Name of Father, Edward Woods
9. Father's Occupation Labor
10. Father's Birthplace, Prince Georges County md

Name of Medical Attendant, or other person who makes this Return, none

Address, [redacted] Emil Jones

Remarks, none

8 4 7 U 0 0 2 9 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82749

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 14th 1897
4. Place of Birth, (Street and Number) 1108 Cleveland St
5. Full Name of Mother, Hollie Spriggs
6. Mother's Maiden Name, Hollie Williams
7. Mother's Birthplace, Frederick City Md
8. Full Name of Father, William Spriggs
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lombard St

Remarks, Healthy Child

8 9 7 0 0 0 2 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82750

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Annie B. Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 11 - 1897
4. Place of Birth, (Street and Number) 1 S Central Ave
5. Full Name of Mother, Rose Miller
6. Mother's Maiden Name, Curtis
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Henry Miller
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8970002918

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH, 82751

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 4 oclock AM Friday May 14th 1897
4. *Place of Birth, (Street and Number)* 923 Hair St
5. *Full Name of Mother* Anna Byrnes
6. *Mother's Maiden Name* Anna Fitz
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John C. Byrnes
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* J E Richardson MD

*Address* 1610 Chesapeake St

*Remarks* Child very large and appears healthy was born when I was called Both mother and child are doing well

897 000 2919

GIVEN NAME ADDED 5-31-52

# RETURN OF A BIRTH 82752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Charles Herbert Lee

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15. 47
4. *Place of Birth, (Street and Number)* No 640 Brune St
5. *Full Name of Mother,* Ella May Wirsel Lee
6. *Mother's Maiden Name,* Ella May Wirsel
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Robert L. Lee
9. *Father's Occupation,* Car Conductor
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return Dr. N. W. Mefflin

*Address,* 402 Cathedral St

*Remarks,*

8 4 7 0 0 0 2 9 2 0

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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# RETURN OF A BIRTH. 82753

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) Third

1. Sex, (~~state whether~~ male or ~~female~~)

2. Race or Color, (if ~~not of the~~ white ~~race~~)

3. Date of Birth, May 15 1891

4. Place of Birth, (Street and Number) 114 S. Caroline St

5. Full Name of Mother, Clara L. Hanna

6. Mother's Maiden Name, " " Schneider

7. Mother's Birthplace, Balto

8. Full Name of Father, James O. Hanna

9. Father's Occupation, House wood finisher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A Fred Shertzer

Address, 25 N Preston St

Remarks,

8970002921

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82754

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday May 15th 97. (9 AM)
4. Place of Birth, (Street and Number) 153½ Foster St
5. Full Name of Mother, Mary Russell
6. Mother's Maiden Name, Mary Nelson
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, William Russell
9. Father's Occupation Waiter
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hill

Address, 112. W Mulberry St

Remarks, Baltimore Md

8970002922

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82755

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday May 15th 97. 12.45
4. Place of Birth, (Street and Number) 802 Fusian St
5. Full Name of Mother, Stella Smith
6. Mother's Maiden Name, Stella Williams
7. Mother's Birthplace, St. Mary's County Md
8. Full Name of Father, Randolph Smith
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Arnold Md

Address, 112. W Mulberry St Baltimore

Remarks, Dark

8 9 7 0 0 0 2 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82756

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 16 27
4. Place of Birth, (Street and Number) Garrett Ave 1022
5. Full Name of Mother, Tina Maier
6. Mother's Maiden Name, Fries
7. Mother's Birthplace, Neustetten Klein Br
8. Full Name of Father, Friedrich Maier
9. Father's Occupation Moveline
10. Father's Birthplace, Bremen

Name of Medical Attendant, or other person who makes this Return, Johanna Jaastad

Address, Garrett Ave 1262

Remarks.

8970002924

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and with the provisions of this section shall be sub-Commissioner of Health, to comply with the provisions of this section shall be recoverable. child to report its birth to the said Commissioner fail to any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures jected to the fine of ten (10) dollars for each offence, to

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ovr

# RETURN OF A BIRTH. 82757

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
Name, Infant Rebecca Brogden
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 16th 1897.
4. Place of Birth, (Street and Number) 1756 Caroline St
5. Full Name of Mother, Mary Leath
6. Mother's Maiden Name,
7. Mother's Birthplace, A. Baundol Co Md
8. Full Name of Father, Edward Brogden
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard Co Md
Name of Medical Attendant, or other person who makes this Return. Mary Lloney
Address, 1809 Lemmon st
Remarks,

8 9 7 0 0 0 2 9 2 5

Wm J C. Dulany Co., City Printers and Stationers.

1236 |

# RETURN OF A BIRTH. 82758

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 16 — 1897
4. Place of Birth, (Street and Number) 205 N. Caroline St.
5. Full Name of Mother, Stella Hulse
6. Mother's Maiden Name, Dougherty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Hulse
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8 9 7 0 0 0 2 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 82759

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Dorothy Bauer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 10.32 P.M.
4. Place of Birth, (Street and Number) # 1603 Argyle Ave
5. Full Name of Mother, Mary E. Bauer
6. Mother's Maiden Name, Mary E. Hyland
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John C. Bauer
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, M. L. Shuster

Address, 2 S. Arlington Ave

Remarks,

8 7 7 0 0 0 2 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

(Immediately after the birth of any child, the full name and occupation of its parents, the date and place of birth, and the name, sex, color, and number (if any) of such child, if born alive, shall be recorded in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the certificate of such birth (or stillbirth) shall be signed by the physician or midwife in attendance upon the mother, or by the person who has been conferred. In case the birth occurs without the attendance of a physician or midwife, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 82760

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday May 12th 1897

4. Place of Birth, (Street and Number) 917. W. Balt. St.

5. Full Name of Mother, Fannie Harris

6. Mother's Maiden Name, Fannie Richelson

7. Mother's Birthplace, Russia

8. Full Name of Father, Wm. Harris

9. Father's Occupation Shoe Store

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. L. Lunte

Address, 223 So. Broadway

Remarks,

8970002928

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82761

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1887
4. Place of Birth, (Street and Number) 430 N. Calvert St Balto Md
5. Full Name of Mother, Maggie Sickal
6. Mother's Maiden Name, Maggie McLaughlin
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Jefferson Sickal
9. Father's Occupation Expressman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. Charity Jones

Address, 405 Hargrove Alley

Remarks,

8 9 7 0 0 0 2 9 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82762

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 17. 1897
4. Place of Birth, (Street and Number) 104. W. Barney. St
5. Full Name of Mother, Minnie. Bayner
6. Mother's Maiden Name, Minnie. Leisner
7. Mother's Birthplace, Germany
8. Full Name of Father, John. Bayner
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Ellenora. a. anderson

Address, 1434. Patapsco. St

Remarks,

8970002930

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person required by law to report the birth of a child shall report the sex, color, the full name and occupation of its parents, the date and place of birth, and the name given to the child, if any; the full name and occupation of the physician, midwife or other person in attendance upon the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82763

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 17th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 Lombard st
5. *Full Name of Mother,* Mary Green
6. *Mother's Maiden Name,* Mary Martin
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* — — — — —
9. *Father's Occupation* — — — — —
10. *Father's Birthplace,* — — — — —

*Name of Medical Attendant,* or other person who makes this Return, J. Autan Blanchard M.D.

*Address,*

*Remarks,* Maternité 115 Lombard st

8 9 7 0 0 0 2 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82764

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 mit

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* negro
3. *Date of Birth,* May 16th 1897
4. *Place of Birth, (Street and Number)* maternity Hospital 11th Lombard
5. *Full Name of Mother,* Lizzie Carpenter
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* maryland
8. *Full Name of Father,* — —
9. *Father's Occupation* — —
10. *Father's Birthplace,* — —

*Name of Medical Attendant, or other person who makes this Return,* Alston Blanchard M.D.

*Address,* Maternity Hospital 11th Lombard

*Remarks,*

8 4 7 0 0 0 2 9 3 2

**Health.** The person giving the information required in the foregoing Return shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-5-56

# RETURN OF A BIRTH A 82765

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

Sarah Naomi Madary

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, May 14th 97

4. Place of Birth, (Street and Number) 2543 Fenwick st.

5. Full Name of Mother, Ida Madary

6. Mother's Maiden Name, " Snyder

7. Mother's Birthplace, Carroll Co Md

8. Full Name of Father, Andrew Madary

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto Co. Md

Name of Medical Attendant, or other person who makes this Return, L. F. Frey

Address, 2470 Druid Hill Ave.

Remarks,

8970002933

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CATONSVILLE, MD. May 18 1897

Health Commissioner Jas McSherry

Dear Sir:

As I have no blanks for recording Births and having attended a relative of mine in Balto City. I hereby send you a record of case

Parents Names. Charles Kohlstead & Catherine Kohlstead

Residence 959 Frederick Ave East

Date of Confinement May 13th

No of Labor 2

No of Preg 2

Sex Female

Color White 8970002934

Nationality German

Yours Very Truly

Dr C L Mallfeldt

1236.]

# RETURN OF A BIRTH. A 82766

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2/

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 13"/97

4. Place of Birth, (Street and Number) 959 Frederick

5. Full Name of Mother, Catherine Kohlstead

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Kohlstead

9. Father's Occupation

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Signed C. L. Mattfeldt

Address, Catonsville. Md

Remarks,

8970002935

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82767

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2, 1897

4. Place of Birth, (Street and Number) 28 S. Bethel St

5. Full Name of Mother, Lena Steiner

6. Mother's Maiden Name, Lena Steiner

7. Mother's Birthplace, Russia

8. Full Name of Father, Morris Steiner

9. Father's Occupation Driver

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Kirwin, Jr.

Address, 1432 E. Fall

Remarks, Long Cl.

8970002936

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 82768

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 3th of May 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md 336 S. Payson St |
| 5. *Full Name of Mother,* | Mary Buchheister |
| 6. *Mother's Maiden Name,* | " Feil |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | J. F. Buchheister |
| 9. *Father's Occupation,* | Candy maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Univ. Mary Training |
| *Address,* | # 414 S. Stricker St. Baltimore Md |
| *Remarks,* | Mother and Child are doing well |

8 9 7 0 0 0 2 9 3 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 769

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th Living

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Black

3. *Date of Birth,* May 4 1874

4. *Place of Birth, (Street and Number)* 3 Alley 8 Way

5. *Full Name of Mother,* Sarah Brooks

6. *Mother's Maiden Name,* Lucy Hudson

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Noah Brooks

9. *Father's Occupation* Laborer Colo.

10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, Dr. H. Cooke

*Address,* 213 E Hall

*Remarks,* Harris Alley

+ 8 9 7 0 0 0 2 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82770

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of May 1897
4. Place of Birth, (Street and Number) Baltimore Md 1922 W. Pitcher St
5. Full Name of Mother, Laisy Mc Keown
6. Mother's Maiden Name, " E Creamer
7. Mother's Birthplace. Baltimore
8. Full Name of Father, George W Mc Keown
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keaning

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well.

8970002939

Wm J C. Dulany Co., City Printers and Stationers.

Above, and shall state as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 8277

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (State whether male or female)* | Female. |
| 2. *Race or color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | May 7. 1897. |
| 4. *Place of Birth, (Street and Number)* | 708 W. Lanvale St. |
| 5. *Full Name of Mother,* | Sallie Shuck Robins. |
| 6. *Mother's Maiden Name,* | " " Harman. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Albert Robins |
| 9. *Father's Occupation,* | Salesman. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Wanstall M.D. |
| *Address,* | 921 Cathedral St. |
| *Remarks.* | |

8970002940

Health. This schedule shall contain a list of the births which have occurred within each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

236.]

# RETURN OF A BIRTH. 82772 A.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 May 1897
4. Place of Birth, (Street and Number) 121 E. Fat
5. Full Name of Mother, Dora Dinhard
6. Mother's Maiden Name, " Feldner
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil Dinhard
9. Father's Occupation Cigar Mfr.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E A Fowler

Address, [illegible]

Remarks, Born Well

8970002941

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82773

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th 1897.
4. Place of Birth, (Street and Number) 1813 Aisquith St. Baltimore City
5. Full Name of Mother, Alice Emma Virginia Hall Spencer
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, David Geo. W. Spencer
9. Father's Occupation Carpenter
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Heiter

Address, 1600 E. Lanvale St.

Remarks,

8970002942

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82774

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of May 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 410 S Paca St.
5. Full Name of Mother, Lena Graves
6. Mother's Maiden Name, " Jane
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Zackariah Graves
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8 9 7 0 0 0 2 9 4 3

Wm J C. Dulany Co., City Printers and Stationers.

Regulations of Board of Health, and shall enter the same on a printed schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82775 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5 1897 |
| 4. *Place of Birth, (Street and Number)* | 1012 Lowell Alley |
| 5. *Full Name of Mother,* | Louisa (Wa) Louise McCauley |
| 6. *Mother's Maiden Name,* | Baltimore |
| 7. *Mother's Birthplace,* | Charles (Wa) |
| 8. *Full Name of Father,* | Carpenter |
| 9. *Father's Occupation* | Balt |
| 10. *Father's Birthplace,* | Dr R Gaskey |
| *Name of Medical Attendant,* or other person who makes this Return. | 213 E Fayette St |
| *Address,* | Harney Hall |
| *Remarks,* | |

8970002944

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 5-31-56

# RETURN OF A BIRTH. 82776

CERTIFICATE CORRECTED 2-13-52

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

William Guy Byus

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 9 1897 |
| 4. *Place of Birth, (Street and Number)* | 8 Lee St |
| 5. *Full Name of Mother,* | Ida Byus |
| 6. *Mother's Maiden Name,* | Ida Rosenwag |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | James Byus |
| 9. *Father's Occupation* | Businessman |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. R. Carter |
| *Address,* | 613 E. Lath St |
| *Remarks,* | Emergency |

8970002945

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the name that has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schelule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1346.]

# RETURN OF A BIRTH. 82777

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th May 9th 1897
4. Place of Birth, (Street and Number) 1143 Riverside ave
5. Full Name of Mother, Barbia Rice
6. Mother's Maiden Name, Barbia Bringer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Nicholass Rice
9. Father's Occupation Ship Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooker

Address, 1828 Light St

Remarks, Dang Well

8970002946

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82778

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eleventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11th 97
4. *Place of Birth, (Street and Number)* 920 Ashland ave
5. *Full Name of Mother,* Josephine Pignataro
6. *Mother's Maiden Name,* " Graziano
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Vincent Pignataro
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Italy

*Name of Medical Attendant,* or other person who makes this Return, Nora Romano

*Address,* 115 W. Lombard St

*Remarks,* Case of emergency delivered by the Nurse

8970002947

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a true statement of the facts required to be ascertained therein, so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82779

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 12 May |
| 4. *Place of Birth, (Street and Number)* | 112b Cookson st. |
| 5. *Full Name of Mother,* | Rosa Ithal |
| 6. *Mother's Maiden Name,* | " Maurer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | A. Aug. Ithal |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Rudolf Mayer |
| *Address,* | 1331 Hull st. Locust Point. |
| *Remarks,* | 1. month. |

8970002948

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

35.]

# RETURN OF A BIRTH. 82780

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 12th January 1897 |
| 4. *Place of Birth, (Street and Number)* | 2129 Hanover st |
| 5. *Full Name of Mother,* | Pauline Hartmann |
| 6. *Mother's Maiden Name,* | Pauline nee Keuchle |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Alfred Hartmann |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Ed Brooks |
| *Address,* | 1828 Light st |
| *Remarks,* | Dang Mill |

8970002949

Wm. J. C. Dulany Co,. City Printers and Stationers.

...ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health, or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the city, the mother, or should no other person be in attendance upon the mother, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 82781

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th — Marjorie Hazen Davis

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12 1897
4. Place of Birth, (Street and Number) 38 N Patterson Park Ave
5. Full Name of Mother, Grace E Davis
6. Mother's Maiden Name, " " Iserman
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H Davis
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J T Spicknall M D

Address, 14 N Patterson Park Ave

Remarks, Full name of child added by mother, Grace E Davis, on January 26-1926.

8 4 7 0 0 0 2 9 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82782

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13
4. Place of Birth, (Street and Number) 1920 Aliciana St.
5. Full Name of Mother, Frances Radwoak
6. Mother's Maiden Name, Unit.
7. Mother's Birthplace, Pole
8. Full Name of Father, Michael Radwoak
9. Father's Occupation Stevedor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, 838 S. Bond Ste.

Address, Mary Beth

Remarks, Baltimore Md. City

8970002951

Wm. J. C. Dulany Co., City Printers and Stationers.

Registry of births, and shall enter the same on Blanks furnished to be supplied by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82783

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 13th May 1917 |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md # 1714 Ramsay St |
| 5. *Full Name of Mother,* | Rose Ann McCauley |
| 6. *Mother's Maiden Name,* | Howard |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Thomas Edgar McCauley |
| 9. *Father's Occupation,* | Fireman |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Dr. Mary Ramsey |
| *Address,* | # 414 S Stricker St Baltimore Md |
| *Remarks,* | Mother and Child are doing well |

8970002952

Wm J C. Dulany Co., City Printers and Stationers.

Rules. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82784

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 14th January 1897 |
| 4. *Place of Birth, (Street and Number)* | 113 Ostend St |
| 5. *Full Name of Mother,* | Margret Buckley |
| 6. *Mother's Maiden Name,* | Margret Foley |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Daniel Buckley |
| 9. *Father's Occupation* | Clerk B&O |
| 10. *Father's Birthplace,* | ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | E. L. Brooks |
| *Address,* | 518 Light St |
| *Remarks,* | Danny Well |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82785

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16
4. Place of Birth, (Street and Number) 720 S. Bond Ste.
5. Full Name of Mother, Anna Bakerensky
6. Mother's Maiden Name, Kozakevska
7. Mother's Birthplace, Pole
8. Full Name of Father, Marjan Bakerensky
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Anna Pretl

Address, 838 S. Bond Ste.

Remarks, Baltimore Md. City.

8970002954

Wm. J. C. Dulany Co., City Printers and Stationers.

over

236]

# RETURN OF A BIRTH. 82786 A.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas B. Sprague

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 15th 1897.

4. Place of Birth, (Street and Number) 2039 E Lombard st

5. Full Name of Mother, Sarah H Sprague

6. Mother's Maiden Name, " " Benzon

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Francis Herman Sprague

9. Father's Occupation Millwright

10. Father's Birthplace, Brooklin N.Y.

Name of Medical Attendant, or other person who makes this Return, J. Ridgway André M.D.

Address, 1123 E Balto. Street

Remarks,

8970002955

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

AFTER NAME ADDED 4-21-55

# RETURN OF A BIRTH. 82787

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

William E. Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5 th 1897
4. Place of Birth, (Street and Number) 1422 Battery ave
5. Full Name of Mother, Hattie Burns
6. Mother's Maiden Name, Hattie Crawford
7. Mother's Birthplace, Montgumery Co
8. Full Name of Father, Clinton Burns
9. Father's Occupation Engineerman
10. Father's Birthplace, Montgumery Co

Name of Medical Attendant, or other person who makes this Return, C & Brooks

Address, 1828 Eight st

Remarks, Dairy Well

8 9 7 0 0 0 2 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often ($^{00}$) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

# RETURN OF A BIRTH. 82788

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* ~~Oct~~ 16th 1897

4. *Place of Birth, (Street and Number)* 142 E. Lemmon St.

5. *Full Name of Mother,* Bettie Burkert

6. *Mother's Maiden Name,* " Seitel

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Albert Burkert

9. *Father's Occupation* Carpenter and Builder

10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Mrs C. A. Broden

*Address,* 1828 Gold St.

*Remarks,* Living

8470002957

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwife whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82789

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 16th 1897
4. *Place of Birth, (Street and Number)* 722 Spring Street
5. *Full Name of Mother,* Josephine Maddison
6. *Mother's Maiden Name,* Josephine Ringgold
7. *Mother's Birthplace,* Port Deposit Maryland
8. *Full Name of Father,* Edward James Madison
9. *Father's Occupation* Waiter Waiter
10. *Father's Birthplace,* Cincinnatti Ohio

*Name of Medical Attendant,* or other person who makes this Return, Elizabeth Johnson

*Address,* 1036 Druid Street

*Remarks,*

8970002958

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82790 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* May 16, 1927
4. *Place of Birth, (Street and Number)* 605 E. Edmondson Ave
5. *Full Name of Mother,* Cecelia Roberts
6. *Mother's Maiden Name,* Cecelia Robertson
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* H. F. Roberts
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Sumter Dist. So. Carolina

*Name of Medical Attendant,* or other person who makes this Return, C. St. Lewis

*Address,* 410 Lexington Hall St

*Remarks,*

8 4 7 0 0 0 2 9 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

# RETURN OF A BIRTH. 82791

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | May 17 1897. |
| 4. *Place of Birth, (Street and Number)* | 1129 Rice St. |
| 5. *Full Name of Mother,* | Mary James |
| 6. *Mother's Maiden Name,* | Chambers |
| 7. *Mother's Birthplace,* | Harford Co. |
| 8. *Full Name of Father,* | Edward James |
| 9. *Father's Occupation* | Laboring |
| 10. *Father's Birthplace,* | Handicapped Col'd |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary C Jones |
| *Address,* | 121 Saratoga St Balto Md |
| *Remarks,* | |

8970002960

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82792

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd May 1897
4. Place of Birth, (Street and Number) 1011 Clifton place
5. Full Name of Mother, Katie S Broderick Courtney
6. Mother's Maiden Name, Katie S Broderick
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John J Courtney
9. Father's Occupation Brass Moulder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 100 East W Hoffman street

Remarks;

8470002961

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82793

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 7th 1897.
4. *Place of Birth, (Street and Number)* 1818 Hahneman Ave.
5. *Full Name of Mother,* Fredericka Geyer
6. *Mother's Maiden Name,* Frederick Hoerner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Adam Geyer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, W. C. Sandrock

*Address,* 1242 N. Broadway

*Remarks,*

8 9 7 U 0 0 2 9 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

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CERTIFICATE AMENDED - 3/4/68

# RETURN OF A BIRTH. 82794

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN ALLEN ~~SPITTEL~~

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 8 '97 |
| 4. *Place of Birth, (Street and Number)* | 422 N. Mount |
| 5. *Full Name of Mother,* | Mrs. Mary ~~Spittel~~ SPITTEL |
| 6. *Mother's Maiden Name,* | " Hecht |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | Louis ~~Spittel~~ SPITTEL |
| 9. *Father's Occupation* | Policeman |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Thos Chew Worthington |
| *Address,* | 840 W. Fayette |
| *Remarks,* | |

8970002963

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 82795A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 9 of May 1895 |
| 4. *Place of Birth, (Street and Number)* | 921 Granby Street |
| 5. *Full Name of Mother,* | Eleanor Walker |
| 6. *Mother's Maiden Name,* | Eleanor Mollock |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Renza Walker |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Caroline Patterson |
| *Address,* | 818 N Spring St |
| *Remarks,* | Doing well as can expected |

8 9 7 U 0 0 2 9 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82796

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 10' 97 |
| 4. *Place of Birth, (Street and Number)* | 65-3 N. Franklin St |
| 5. *Full Name of Mother,* | Mrs. L. Blanch Herring |
| 6. *Mother's Maiden Name,* | " " Ecker |
| 7. *Mother's Birthplace,* | Carroll Co Md |
| 8. *Full Name of Father,* | Chas. L Herring |
| 9. *Father's Occupation* | Commission Merchant |
| 10. *Father's Birthplace,* | Carroll Co Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Thos. Chew Worthington |
| *Address,* | 540 W Fayette |
| *Remarks,* | |

8 9 7 0 0 0 2 9 6 5

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2361

# RETURN OF A BIRTH. 82797

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Denton Calvin Gilbert

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 — |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 13 '97 |
| 4. *Place of Birth, (Street and Number)* | 306 N Fulton ave |
| 5. *Full Name of Mother,* | Mrs. Mary A Gilbert |
| 6. *Mother's Maiden Name,* | " " Colbrich |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Denton W Gilbert |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Thos Chew Worthington |
| *Address,* | 840 W Fayette |
| *Remarks,* | |

8970002966

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82798

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Harry Lawrence Liefner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13: 1897
4. Place of Birth, (Street and Number) 107 S. Castle St
5. Full Name of Mother, Annie Eliza Riefner
6. Mother's Maiden Name, A. E. Kreb
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry Lawrence Riefner
9. Father's Occupation, Watch Repairer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Chas E Krause M D

Address, 1701 Baltimore City

Remarks,

8970002967

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82799

CERTIFICATE CORRECTED 7/26/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

Name: Margaret ~~Dolores~~ Strater

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* May 14 1897
4. *Place of Birth, (Street and Number)* 1910 E Fayette St
5. *Full Name of Mother* Mary A Nee (~~Strater~~) Strater
6. *Mother's Maiden Name,* M A Aldridge
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis F. (~~Strater~~) Strater
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, James E Donnelly MD

*Address,* 1701 Baltimore St East

*Remarks,*

8970002968

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82800

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16-97
4. Place of Birth, (Street and Number) 3 Bradford
5. Full Name of Mother, Emma Zimmer
6. Mother's Maiden Name, " Seidel
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. Zimmer
9. Father's Occupation, Cabinet-maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8970002969

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1286.]

# RETURN OF A BIRTH. 82801

GIVEN NAME ADDED 8-15-62

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Amelia Miller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 17 1897
4. Place of Birth, (Street and Number) middleburg ky
5. Full Name of Mother, rosie muller
6. Mother's Maiden Name, hohmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, charles muller
9. Father's Occupation brick liar
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, Mrs Eve Blum

Address, colvert st

Remarks, Colored

8970002970

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82802

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* may the 20
4. *Place of Birth, (Street and Number)* 100 9 Woodyear R
5. *Full Name of Mother,* mary rebecka [redacted] Brown
6. *Mother's Maiden Name,* mary rebecka jackson
7. *Mother's Birthplace,* md
8. *Full Name of Father,* Hilliker Brown
9. *Father's Occupation* Road worker
10. *Father's Birthplace,* east mary co md

*Name of Medical Attendant,* or other person who makes this Return, man

*Address,* man

*Remarks,*

Mrs Mary J. 100 R. W. Woodyear R

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82803

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3 d
4. *Place of Birth, (Street and Number)* 1612 Dutton st Dallas st
5. *Full Name of Mother,* Alice Jane Dee
6. *Mother's Maiden Name,* Alice Tasker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac Negro
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Blue Ridge

*Name of Medical Attendant,* or other person who makes this Return, Mrs Brown

*Address,* 1612 N Dutton Bay

*Remarks,*

8970002972

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82804 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8 4
4. Place of Birth, (Street and Number) 1742 Preston st
5. Full Name of Mother, Lyne Skinner
6. Mother's Maiden Name, Lyne Jarvis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Skinner
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N Eutaw st

Remarks,

8970002973

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. The Certificate shall contain a list of the births which have occurred since the last report in the case during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 82805

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 10 th 97 |
| 4. *Place of Birth, (Street and Number)* | 1023 Lexington St. |
| 5. *Full Name of Mother,* | May E. Schmintke |
| 6. *Mother's Maiden Name,* | " " Geiglein |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John H. Schmintke |
| 9. *Father's Occupation,* | Baker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs. Kate A. Geiglein |
| *Address,* | 805 Vine st. |
| *Remarks,* | |

8970002974

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Form 1236.

# RETURN OF A BIRTH. 82806

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 hs 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | the 19 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1024 Valley St |
| 5. *Full Name of Mother,* | Mary C. Holden |
| 6. *Mother's Maiden Name,* | Mary E. Dorny |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Peter B. Holden |
| 9. *Father's Occupation* | Collector |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Jno C. Lauer |
| *Address,* | No 159 Harford Ave |
| *Remarks,* | Bal Md |
| | 1897 |

8970002975

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82807

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 11 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1422 Hollbrook st |
| 5. *Full Name of Mother,* | Alice Darlong |
| 6. *Mother's Maiden Name,* | Alice Butler |
| 7. *Mother's Birthplace,* | Harford County |
| 8. *Full Name of Father,* | John Darlong |
| 9. *Father's Occupation* | Police |
| 10. *Father's Birthplace,* | Harford Co. |
| *Name of Medical Attendant, or other person who makes this Return,* | Jno Ch. Lauer |
| *Address,* | No 1059 Stanford Ave |
| *Remarks,* | Bal. Md. |
| | 1897 |

8970002976

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82808

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th 1897
4. Place of Birth, (Street and Number) 706 S. Charles St.
5. Full Name of Mother, Sadie G. Bowin Kelman
6. Mother's Maiden Name, Sadie G. Kane
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, L. C. Bowin Kelman
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Taylor

Address, 41 Guilford Alley

Remarks,

8970002977

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82809

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 13th 1897.
4. *Place of Birth, (Street and Number)* #110 N. Bond St.
5. *Full Name of Mother,* Mrs. Mary Hoover
6. *Mother's Maiden Name,* Dora Buck
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* William Hoover
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pennsylvania.

*Name of Medical Attendant,* or other person who makes this Return, E. W. Brust M.D.

*Address,* #921 N. Franklin St.

*Remarks,*

8970002978

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82810 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Catherine Kennedy.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 17th 1907
4. *Place of Birth, (Street and Number)* No. ~~1420~~ 20 W Pratt St
5. *Full Name of Mother,* Winefred Kennedy
6. *Mother's Maiden Name,* Winefred ~~Odonnell~~ O'Donnell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Kennedy
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Govenstown Md

*Name of Medical Attendant,* or other person who makes this Return,

*Address,* CERTIFICATE CORRECTED 5-5-54 L.W.

*Remarks,*

8970002979

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82811

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15 1897
4. Place of Birth, (Street and Number) 1122 N. Mount St
5. Full Name of Mother, Sarah Smith
6. Mother's Maiden Name,
7. Mother's Birthplace, Salem W. Va.
8. Full Name of Father, Henry Smith
9. Father's Occupation, Farmer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. R. Palmer M.D.

Address, 1025 Madison ave.

Remarks,

18970002980

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82812

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 16th 1897
4. *Place of Birth, (Street and Number)* No: 1 Stinson St
5. *Full Name of Mother,* Louisa Sudsbury
6. *Mother's Maiden Name,* Louise Soulbrecht
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Randolph Sidsbury
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

8970002981

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82813

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday May 16th, 1897
4. Place of Birth, (Street and Number) No 1815 Hanover St
5. Full Name of Mother, Martha Adrion
6. Mother's Maiden Name, Martha Weitze
7. Mother's Birthplace, Germany
8. Full Name of Father, John Adrion
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St City

Remarks,

8 9 7 U 0 0 2 9 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82814

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 2nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 427 Falls Road |
| 5. *Full Name of Mother,* | Mary A McGee |
| 6. *Mother's Maiden Name,* | " " Mimogue |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph P McGee |
| 9. *Father's Occupation,* | Bills Clg RR Shut |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return. | |
| *Address,* | W K Warner MD |
| *Remarks,* | 901 N Stricker St |

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WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82815

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1897
4. *Place of Birth, (Street and Number)* 1316 Riggs Av.
5. *Full Name of Mother,* Katie Beall
6. *Mother's Maiden Name,* " Hehr
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm H. Beall
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, M K Warren MD

*Address,* 901 N Stricker St

*Remarks,*

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WM J. C DULANY CO CITY PRINTERS AND STATIONERS

Over

# RETURN OF A BIRTH. 82816

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. | *Sex, (state whether male or female)* | Male |
| 2. | *Race or Color, (if not of the white race)* | white |
| 3. | *Date of Birth,* | May 9th 1897 |
| 4. | *Place of Birth, (Street and Number)* | 1072 N Gilmor St |
| 5. | *Full Name of Mother,* | Annie J Towson |
| 6. | *Mother's Maiden Name,* | " " Anderson |
| 7. | *Mother's Birthplace,* | Balto city |
| 8. | *Full Name of Father,* | Jno J Towson |
| 9. | *Father's Occupation,* | Insurance |
| 10. | *Father's Birthplace,* | Balto city |
| | *Name of Medical Attendant,* or other person who makes this Return. | W K Warner M.D. |
| | *Address,* | 901 N Arlington Av |
| | *Remarks,* | Full name of child - Joseph Towson |

B 4 7 0 0 0 2 9 8 5

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82817

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, May 10 th

4. Place of Birth, (Street and Number) 610 N. Spring

5. Full Name of Mother, Charlotte Rebecca Giles

6. Mother's Maiden Name, Charlotte Rebecca Jackson.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Stephen Giles

9. Father's Occupation Wagoner.

10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Champ.

Address, 530 Rogers Avenue.

Remarks,

8970002986

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82818

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 10 |
| 4. *Place of Birth, (Street and Number)* | 428. N. Bethel St. |
| 5. *Full Name of Mother,* | Emma G. Cooks |
| 6. *Mother's Maiden Name,* | Emma G. Sampson |
| 7. *Mother's Birthplace,* | Marley Creek Q. A. Co. |
| 8. *Full Name of Father,* | Thomas G. Cooks |
| 9. *Father's Occupation* | Captain of Sloop |
| 10. *Father's Birthplace,* | Marley Creek Q. A. Co. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm. Otwell Chandler. |
| *Address,* | 530 Pagas Avenue. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

# RETURN OF A BIRTH. 82819

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 he 3d. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | W hite |
| 3. *Date of Birth,* | the 17 of May 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1630 Lanham st |
| 5. *Full Name of Mother,* | Barbara Lucken |
| 6. *Mother's Maiden Name,* | Barbara Hutner |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Herman Lucken |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Jno Ch Lauer |
| *Address,* | No 1059 Hartford Ave Balt Md |
| *Remarks,* | 1897 |

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Wm. J. C. Dulany Co., City Printers and Stationers.

A

The Physician or Midwife in attendance upon any birth shall within the period above required, and before leaving the house, make out a full return of the birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any such shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82820

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday May 18. 1897
4. Place of Birth, (Street and Number) No 1107 South Charles St
5. Full Name of Mother, Annie Moyers
6. Mother's Maiden Name, Anne Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Heinann Moyers
9. Father's Occupation Engineer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St City

Remarks,

8970002989

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 82821

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Of Color |
| 3. *Date of Birth,* | May 19th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1109 Patuxent St. |
| 5. *Full Name of Mother,* | Ella Waters |
| 6. *Mother's Maiden Name,* | Smith |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | William Waters |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | C. P. Harrington |
| *Address,* | 724 Cherry St. |
| *Remarks,* | |

8970002990

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82822 A

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (~~state whether~~ male ~~or female~~) Male
2. Race or Color, (~~if not of the~~ white ~~race~~) White
3. Date of Birth, May 20th
4. Place of Birth, (Street and Number) 1903 W. Baltimore St
5. Full Name of Mother, Ella R Wootten
6. Mother's Maiden Name, Ella R Waters
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, William H. Wootten
9. Father's Occupation Asst Cashier - Mutual Life Ins. Co of N. York
10. Father's Birthplace, Prince George's Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St.

Remarks,

8970002991

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 82823

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th 7th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | the 21st of May 1897 |
| 4. *Place of Birth, (Street and Number)* | 1106 East Hoffman |
| 5. *Full Name of Mother,* | Mary Wall |
| 6. *Mother's Maiden Name,* | Mary Engelhorn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Ernst Wall |
| 9. *Father's Occupation* | Basket maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Jas C. Larmer |
| *Address,* | No 1054 Hanford Ave |
| *Remarks,* | Bal Md |
| | 1897 |

8970002992

Wm. J. C. Dulany Co., City Printers and Stationers.

A list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1336]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82824 L

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st (Twins)

1. *Sex, (state whether male or female)* Females
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* May 21st 1897
4. *Place of Birth, (Street and Number)* 727 S Broadway
5. *Full Name of Mother,* Anna Mayford
6. *Mother's Maiden Name,* Jarrett
7. *Mother's Birthplace,* Talbot
8. *Full Name of Father,* John Mayford
9. *Father's Occupation* Captain
10. *Father's Birthplace,* Wyoming Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Earl P Stevenson

*Address,* 924 Binney St.

*Remarks,*

8970002993

Wm. J. C. Dulany Co,. City Printers and Stationers.

SAFETY FILM

rm 1236]

# RETURN OF A BIRTH. 82825

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~state whether~~ male or ~~female~~)
2. ~~Race or Color.~~ (if not of the white race) Negro.
3. Date of Birth, May 21, 1897
4. Place of Birth, (Street and Number) 1002 Vincent Street
5. Full Name of Mother, Gertrude Young
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Illegit.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo. S. Everhart M. D.

Address, Md. Homeo. Hospital, 1122 N. Mount St

Remarks,

18970002994

Wm. J. C. Dulany Co., City Printers and Stationers.

Death. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82826

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8
4. Place of Birth, (Street and Number) 800 Eager st
5. Full Name of Mother, Mary Lenahan
6. Mother's Maiden Name, Mary Okeefe
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Lenahan
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8970002995

Wm J C. Dulany Co., City Printers and Stationers.

Said Commissioner of Health, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82827

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th
4. Place of Birth, (Street and Number) 1032 Hanover Ave
5. Full Name of Mother, Mrs Emma E Bair
6. Mother's Maiden Name, Emma E Fullerton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm F Bair
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

8970002996

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82828

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 11th 1897
4. Place of Birth, (Street and Number) N Gallis 4th 211 — Balto
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name, Mary Stahl
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Issac Thomas
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address,

Remarks,

8 9 7 0 0 0 2 9 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. That it shall be the duty of the Commissioner of Health to furnish to the practitioners in midwifery, and to such other persons as may be required to report births, blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236.]

# RETURN OF A BIRTH. 82829

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Franklin Irving ~~Jacobson~~ Jacobson Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 13/27
4. Place of Birth, (Street and Number) 101 S Carlington ave
5. Full Name of Mother, Ida Jacobson
6. Mother's Maiden Name, " Eastman
7. Mother's Birthplace, Germany
8. Full Name of Father, Leopold Jacobson
9. Father's Occupation Varnisher
10. Father's Birthplace, " Germany

Name of Medical Attendant, or other person who makes this Return, Mrs O'Hayer

Address, 924 Hollins st

Remarks, GIVEN [illegible] 5-8-27

8 7 0 0 0 2 9 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, [illegible] no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82830

## the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*ild of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

*tate whether male or female)* Male

*r Color, (if not of the white race)* White

*of Birth,* Nov. 12th

*of Birth, (Street and Number)* 1 Baltimore Co. Lane #1509

*Name of Mother,*

*r's Maiden Name,*

*r's Birthplace,*

*Name of Father,*

*r's Occupation*

*r's Birthplace,*

*of Medical Attendant,* or other person who makes this Return,

*ess,*

*rks,*

8 9 7 0 0 0 2 9 9 9

ty Printers and Stationers.

# RETURN OF A BIRTH. 82831

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two Twins

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, May 4

4. Place of Birth, (Street and Number) Balto M.D. 563 Oxford st

5. Full Name of Mother, Laura Champion

6. Mother's Maiden Name, Laird Powell.

7. Mother's Birthplace, Macon Ga.

8. Full Name of Father, John Champion

9. Father's Occupation, Laborer

10. Father's Birthplace, Macon Ga.

Name of Medical Attendant, or other person who makes this Return, Francis Myers

Address, 1926 Bradley Street

Remarks, 2

18970003000

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82832

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) colored.
3. Date of Birth, born May 15th 1897.
4. Place of Birth, (Street and Number) 748 N Bradley Street.
5. Full Name of Mother, Ida Florence N Brown.
6. Mother's Maiden Name, Ida Florence Kidoutt.
7. Mother's Birthplace, Boonsborough, Washington County Md.
8. Full Name of Father, James Henry N Brown.
9. Father's Occupation, Laboring work.
10. Father's Birthplace, Elkirt City, Balto. County

Name of Medical Attendant, or other person who makes this Return, Mary Frannie Myers.

Address, No. 722. Bradley St.

Remarks,

8970003001

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82833

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

register of such birth, and shall enter the same on such schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16th 1897
4. Place of Birth, (Street and Number) S Durham st 122 Balto
5. Full Name of Mother, Maria Headenhaff
6. Mother's Maiden Name, Maria Krimbar
7. Mother's Birthplace, Germany
8. Full Name of Father, August Headenhaff
9. Father's Occupation Steavedor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address,

Remarks,

897.0003002

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82834

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5 1897
4. Place of Birth, (Street and Number) 512 West Street
5. Full Name of Mother, Melvina Kersey
6. Mother's Maiden Name, Melvina Johnson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Johnson
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Orilla Brooks

Address, 1182 Druid

Remarks; The baby born sick. Mother well as can be expected.

8970003003

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82835

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex, (state whether male or female) | Female Male Hw. Mar 19 1937 |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 20th 1897 Hw. " " |
| 4. Place of Birth, (Street and Number) | 10 S Monroe St |
| 5. Full Name of Mother, | Ida May LeCompte |
| 6. Mother's Maiden Name, | Ida May Jones |
| 7. Mother's Birthplace, | St Michaels Md. |
| 8. Full Name of Father, | Stephen L. LeCompte |
| 9. Father's Occupation, | Clerk |
| 10. Father's Birthplace, | Balto Md |
| Name of Medical Attendant, or other person who makes this Return, | Robert K Lucas |
| Address, | 1501 W Lanvale St |
| Remarks, | Corrected March 19, 1937 on basis of affidavit of Mother & Grandmother 3/19/37 Hw. 17 1937 Huntington Williams Registrar |

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. MULLEN CO. CITY PRINTERS AND STATIONERS

[1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White 82836

3. Date of Birth, May 22, 1897

4. Place of Birth, (Street and Number) 718 S. Charles St

5. Full Name of Mother, Dora Goodman

6. Mother's Maiden Name, Dora Gruzinski

7. Mother's Birthplace, Russia

8. Full Name of Father, Gisneon Goodman

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm Rawlings Lein

Address, 1923 W. Barre St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

**STATE OF MARYLAND**

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

n 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Offe[illegible] of Registrar [illegible] Vital[illegible]

82836

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22, 1897

4. Place of Birth, (Street and Number) 718 S. Charles St

5. Full Name of Mother, Dora Goodman

6. Mother's Maiden Name, Dora Gruzinski

7. Mother's Birthplace, Russia

8. Full Name of Father, Gimeon Goodman

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm Rosenstein

Address, 123 W. Barre St

Remarks, 18970003005

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82838

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 7, 1897
4. *Place of Birth, (Street and Number)* 15 [illegible] Fredrick Ave
5. *Full Name of Mother,* Junior Gibson
6. *Mother's Maiden Name,* Junior Neal
7. *Mother's Birthplace,* Anne Arundel County
8. *Full Name of Father,* M C Nelson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Calvert County

*Name of Medical Attendant,* or other person who makes this Return, Mariah Price

*Address,* 1331 W Pratt Corner

*Remarks,* 8970003006

ject to the fine of [illegible] dollars for each offence, to be recovered as [illegible]

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician, it shall become the duty of the person in charge of the case, or in his absence, of the parent of the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the midwife in attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82837

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 6th 97. |
| 4. *Place of Birth, (Street and Number)* | 1312 Whatcoat St |
| 5. *Full Name of Mother,* | Florence Butler |
| 6. *Mother's Maiden Name,* | Florence Young |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Harry E Butler |
| 9. *Father's Occupation* | Porter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Maria Jones |
| *Address,* | 1337 Whatcoat St |
| *Remarks,* | 8970003007 |

Wm. C[illegible]ulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82839

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Two A. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 13, 1897. |
| 4. *Place of Birth, (Street and Number)* | 927 Myrtle Avenue |
| 5. *Full Name of Mother,* | Ida Quarrels |
| 6. *Mother's Maiden Name,* | Ida Grimes |
| 7. *Mother's Birthplace,* | Richmond Co. Virginia |
| 8. *Full Name of Father;* | Gus Quarrels |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Essex Co Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Maria Jones |
| *Address,* | 1337 Whitecoat Street |
| *Remarks,* | 8970003008 |

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82840

CERTIFICATE CORRECTED 8-22-60

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Frank Sunseri

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | May 17 1897 |
| 4. *Place of Birth, (Street and Number)* | Varnum Lane 1109 |
| 5. *Full Name of Mother,* | ~~Salvatore Sunseri~~ Vincenzia Cusimano |
| 6. *Mother's Maiden Name,* | ~~Salvatore Cusimano~~ Vincenzia Cusimano |
| 7. *Mother's Birthplace,* | Italy |
| 8. *Full Name of Father,* | ~~Vincenzia Cusimano~~ Salvatore Sunseri |
| 9. *Father's Occupation* | Fruit dealer |
| 10. *Father's Birthplace,* | Italy |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Taylor |
| *Address,* | 41 Fullford alley |
| *Remarks,* | |

8470003009

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82841

GIVEN NAME ADDED 2-23-62

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Name: Clarence R. Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, May 20 1897.
4. Place of Birth, (Street and Number) 1526 Pennsa. ave
5. Full Name of Mother, Lizzie Austin
6. Mother's Maiden Name, Young.
7. Mother's Birthplace, Stuhay Co Md.
8. Full Name of Father, Robt Austin.
9. Father's Occupation Waiter.
10. Father's Birthplace, Buckingham Co Va.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St Balto Md

Remarks, 8970003010

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82842

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 21 / 97
4. *Place of Birth, (Street and Number)* No 1820 Ashland ave
5. *Full Name of Mother,* Emma Debaufre
6. *Mother's Maiden Name,* Schleich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Debaufre
9. *Father's Occupation* Arab
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mrs L. Gross.

*Address,* No 1907 E Monument St

*Remarks,*

8970003011

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82843

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24 1897
4. Place of Birth, (Street and Number) 1210 Bruden st
5. Full Name of Mother, Delia Clark
6. Mother's Maiden Name, " Jennings
7. Mother's Birthplace, Ireland
8. Full Name of Father, Owen A Clark
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, A M Bell M.D.

Address, 1031 Cathedral St

Remarks, Craniotomy performed by Prof J W Williams

8970003012

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82844

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 12–97 |
| 4. *Place of Birth, (Street and Number)* | 403 N. Mount St. |
| 5. *Full Name of Mother,* | Nellie Abbott |
| 6. *Mother's Maiden Name,* | Foster |
| 7. *Mother's Birthplace,* | Canada |
| 8. *Full Name of Father,* | Jas. H. Abbott |
| 9. *Father's Occupation* | Drummer |
| 10. *Father's Birthplace,* | Canada |
| *Name of Medical Attendant,* or other person who makes this Return, | J. L. Hooper M.D. |
| *Address,* | 220 S. Gilmor |
| *Remarks,* | |

8970003013

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd. 1897
4. *Place of Birth, (Street and Number)* 1407 E. Pratt St.
5. *Full Name of Mother,* Bessie Marcovitz
6. *Mother's Maiden Name,* Bessie Polatnic
7. *Mother's Birthplace,* Berdovitz Russia
8. *Full Name of Father,* Israel Marcovitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Caparit Russia

*Name of Medical Attendant, or other person who makes this Return,* Mrs. Yetta Klamanshy

*Address,* 1022 E. Lombard St.

*Remarks,*

8970003014

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82846

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth (4th)

1. *Sex, (~~state whether~~ male ~~or female~~)* Male
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* May 22nd 1894
4. *Place of Birth, (Street and Number)* 1720 Riggs Ave
5. *Full Name of Mother,* Annie H Dunn
6. *Mother's Maiden Name,* Annie H Natcher
7. *Mother's Birthplace,* Philadelphia. Pa.
8. *Full Name of Father,* James R. Dunn
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant, or other person who makes this Return,* Dr. Theodore Burke

*Address,* 914 N. Charles St

*Remarks,*

8470003015

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82847

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, etc.) 3rd

1. Sex, (~~state whether~~ male ~~or female~~) Male
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 23rd 1897
4. Place of Birth, (Street and Number) 120 W. Biddle St
5. Full Name of Mother, Sarah Carroll
6. Mother's Maiden Name, Sarah Byerly
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, John P. Carroll
9. Father's Occupation Conductor (with Traction Co)
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cooke

Address, 914 N. Charles St

Remarks,

8 9 7 0 0 0 3 0 1 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82848

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sunday May 24 1877
4. Place of Birth, (Street and Number) 1843 Fulton Avenue
5. Full Name of Mother, Laura Warren
6. Mother's Maiden Name, Laura Johnson
7. Mother's Birthplace, Howard County
8. Full Name of Father, Jessie Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Halifax Co. Va

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Bruce St

Remarks, a

8 9 7 0 0 0 3 0 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8284?

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Monday May 25 1897
4. *Place of Birth, (Street and Number)* 1435 Vincent Ally
5. *Full Name of Mother,* Nanie Powell
6. *Mother's Maiden Name,* Nanie Powell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Jane Warren

*Address,* 1424 Bruce St.

*Remarks,* 0

8 9 7 0 0 0 3 0 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82850

BIRTH NAME ADDED 7/20/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

Name: Ada May Tase

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23th 1897
4. Place of Birth, (Street and Number) 527 S. Fourth Ave Hampden (City)
5. Full Name of Mother, Mattie Carlisle Tase
6. Mother's Maiden Name, " " Bosley
7. Mother's Birthplace, Worthington Valley Balto Co Md
8. Full Name of Father, William Tase
9. Father's Occupation Expressman
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, J. C. Hammerman M.D.

Address, 624 N Carrollton Ave

Remarks,

8970003019

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 82857

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, May 3d
4. Place of Birth, (Street and Number) Md Homeo. Hospital
5. Full Name of Mother, Jenie Richardson
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md.
8. Full Name of Father,
9. Father's Occupation Druggist
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo. Shelley Enchant M.D.

Address, Md. Homeo. Hospital.

Remarks, L. O. P. Uremic Convulsion necessitating Podalic version

1 8 9 7 0 0 0 3 0 2 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

# RETURN OF A BIRTH. 82852

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2nd &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 21st 1897
4. Place of Birth, (Street and Number) Md. Home Hospital
5. Full Name of Mother, Elizabeth Jones
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Stiggit
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. S. Everhart M. D.

Address, Md. Home Hospital.

Remarks,

8970003021

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82853

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1 A

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 1st 97
4. Place of Birth. (Street and Number) 608 Bradley st
5. Full Name of Mother, Nellie Hall
6. Mother's Maiden Name, Bill
7. Mother's Birthplace, Va
8. Full Name of Father, Jas Hall
9. Father's Occupation, waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Babbitt MD

Address, 1625 Lindman

Remarks,

8970003022

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MAY 1897 BALTIMORE

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82854

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. A.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1897
4. Place of Birth, (Street and Number) Clifton Park
5. Full Name of Mother, Martha Hoff
6. Mother's Maiden Name, Martha Chanswick
7. Mother's Birthplace, Charlestown W. Va
8. Full Name of Father, John H. Hoff
9. Father's Occupation, Laborer
10. Father's Birthplace, Charlestown W. Va.

Name of Medical Attendant, or other person who makes this Return, William D. Carr M.D.

Address, Jardenville

Remarks, Balto Co

8970003 023

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82855

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | forth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 12th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1852 Lorman st |
| 5. *Full Name of Mother,* | Mary M. Crusker |
| 6. *Mother's Maiden Name,* | Mary E. Connell |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | William Alexander M. Lenskey |
| 9. *Father's Occupation* | Upholster |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs Mary Gill |
| *Address,* | 21 1/2 N Vine St |
| *Remarks,* | |

8970003024

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82856

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1897
4. Place of Birth, (Street and Number) 1407 Fruitmans
5. Full Name of Mother, Bettie L. Earheart
6. Mother's Maiden Name, Bettie L. Collins
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Robt M. Earheart
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr W. J. Chappell

Address, 1351 N Jams

Remarks,

8970003025

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# RETURN OF A BIRTH. 82857

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18th 1891

4. Place of Birth, (Street and Number) #1232 Carey St. Balto.

5. Full Name of Mother, Mrs. Julia Randall

6. Mother's Maiden Name, Miss Julia Carey.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Randall.

9. Father's Occupation Labour.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk Ave

Remarks,

8970003026

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 82858

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of mildwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19th May
4. Place of Birth, (Street and Number) No 617 Hall St
5. Full Name of Mother, Hannah E Dolan
6. Mother's Maiden Name, Oregon
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John L Dolan
9. Father's Occupation Pipe Fitter
10. Father's Birthplace, Grafton Va.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bishop

Address, No 1424 Chester St.

Remarks,

8970003027

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82859

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st 1897
4. Place of Birth, (Street and Number) 1847 N. Chester St.
5. Full Name of Mother, Christine E. Keuler
6. Mother's Maiden Name, Christine E. Schmidt
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Alvin E. Keuler
9. Father's Occupation, Machinist
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, A. L. Slaton

Address, 1301 N. Central Ave.

Remarks,

8970003028

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82860

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11th A. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 21st 1897. |
| 4. *Place of Birth, (Street and Number)* | #613 S. Patterson Pk Ave |
| 5. *Full Name of Mother,* | Mrs. Amelia G. Lawrence |
| 6. *Mother's Maiden Name,* | Miss Amelia G. Wiley. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Benjamin F. Lawrence |
| 9. *Father's Occupation* | Labour |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. Mary M. Taylor. |
| *Address,* | #611 S. Patterson Pk Ave. |
| *Remarks,* | |

8 9 7 0 0 0 3 0 2 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82861

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female —
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 22nd — "97
4. *Place of Birth, (Street and Number)* 2114 Division St.
5. *Full Name of Mother,* Jennie Stewart
6. *Mother's Maiden Name,* [illegible] Minor
7. *Mother's Birthplace,* Bladensburg —
8. *Full Name of Father,* George Stewart
9. *Father's Occupation* Porter —
10. *Father's Birthplace,* N. C —

*Name of Medical Attendant,* or other person who makes this Return, Milton D. Brown M.D.

*Address,* 1324 N. Calhoun St —

*Remarks,*

8 9 7 0 0 0 3 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.
month, and shall set forth as far as the same can

1236.]

# RETURN OF A BIRTH. 82862

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female. F

2. Race or Color, (if not of the white race) Color.

3. Date of Birth, Jan. 22. 97.

4. Place of Birth, (Street and Number) 606 Patterson ave.

5. Full Name of Mother, Olive Richardson.

6. Mother's Maiden Name, Riley.

7. Mother's Birthplace, Dunmore Co.

8. Full Name of Father, Edgar Richardson

9. Father's Occupation Laboring.

10. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other person who makes this Return, Isaac E Ford

Address, 1121 Saratoga St Balto md

Remarks,

8970003031

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82863

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 23 — '97 |
| 4. *Place of Birth, (Street and Number)* | 1348 Calhoun St. |
| 5. *Full Name of Mother,* | Minnie Murdock |
| 6. *Mother's Maiden Name,* | Minnie Murdock |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | — |
| 9. *Father's Occupation* | — |
| 10. *Father's Birthplace,* | — |
| *Name of Medical Attendant, or other person who makes this Return,* | Milton D. Brown M.D. |
| *Address,* | 1324 N. Calhoun St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82864

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23rd 1897
4. Place of Birth, (Street and Number) 839 N. Chester St
5. Full Name of Mother, Sofhia W. Melchior
6. Mother's Maiden Name, Sofhia W. Richard
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, George W. Melchior
9. Father's Occupation, Coal Dealer
10. Father's Birthplace, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

8 9 7 0 0 0 3 0 3 3

The name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82865

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23d 1897
4. Place of Birth, (Street and Number) 1627 N. Fulton avenue
5. Full Name of Mother, Emma Wartham
6. Mother's Maiden Name, Coleman
7. Mother's Birthplace, Md
8. Full Name of Father, Jno A Wartham
9. Father's Occupation, In business of some kind
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Phebattie Md
1625 Linden av

Address,

Remarks,

8970003034

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The full name and occupation of its parents, the date and place of birth; and the name, age and residence of the midwife, if any, present at the birth, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 82866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, May 24th 1899

4. Place of Birth, (Street and Number) 1022 E. Front St

5. Full Name of Mother, Lydia D. Elliott

6. Mother's Maiden Name, Lydia D Magonus

7. Mother's Birthplace, Harford Co Md

8. Full Name of Father, John D. Elliott

9. Father's Occupation, Carpenter

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return Ebalbraith Darling MD

Address, Lauraville Md

Remarks,

8470007035

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# RETURN OF A BIRTH. 82867

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 4
4. *Place of Birth, (Street and Number)* 135 E Baltimore St
5. *Full Name of Mother,* Annie Kotek
6. *Mother's Maiden Name,* " Koclick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Kotek
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other person who makes this Return, Wm E H Hargis

*Address,* 112 Holt St

*Remarks,*

8970003036

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# RETURN OF A BIRTH 82868

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first Birth

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Color
3. *Date of Birth,* Baltimore city May 14th 97
4. *Place of Birth (Street and Number),* 1305 Elling st city
5. *Full Name of Mother,* annie Bligh
6. *Mother's Maiden Name,* annie m nash
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Charles L nash
9. *Father's Occupation,* hasel laye
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other person who makes this Return. Doctors Ellen Mawe

*Address,* 1304 Division st

*Remarks,*

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82869

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May 14th 1897
4. Place of Birth, (Street and Number) 2 726 Lemon alley
5. Full Name of Mother, Carrie Ringgold
6. Mother's Maiden Name, Carrie Mossell
7. Mother's Birthplace, Batto Cnty
8. Full Name of Father, Elijah Ringgold
9. Father's Occupation, Laborer
10. Father's Birthplace, Batto Cnty

Name of Medical Attendant, or other person who makes this Return. Emily J Hughes

Address, 652 Cider alley Batto Cnty

Remarks,

8 9 7 0 0 0 3 0 3 8

The name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 82870

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | W |
| 3. *Date of Birth,* | May 19 |
| 4. *Place of Birth, (Street and Number)* | 1 Ramsay St |
| 5. *Full Name of Mother,* | Sliffe |
| 6. *Mother's Maiden Name,* | Wortman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Sliffe, |
| 9. *Father's Occupation* | Stonecutter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs M Morrison |
| *Address,* | 412 Scott St |
| *Remarks,* | |

8970003039

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth (1) as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

82871

1.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 21st 1899
4. Place of Birth, (Street and Number) 2010 E. North Ave
5. Full Name of Mother, Mary L. DeMuth
6. Mother's Maiden Name, Mary L. Lowson
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Clinton DeMuth
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other Person who makes this Return E. Galbraith Darling M.D

Address, Lauraville Md

Remarks,

8970005040

ANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 82872

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colord |
| 3. *Date of Birth,* | May 22nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 415 Perry St- Batte City |
| 5. *Full Name of Mother,* | Higgie Armstrong |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Batte City |
| 8. *Full Name of Father,* | Unknown |
| 9. *Father's Occupation,* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return.* | Emily Hughes |
| *Address,* | 652 Cider alley Batte City |
| *Remarks,* | |

8 9 7 0 0 0 3 0 4 1

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

SAFETY FILM

36.]

GIVEN NAME ADDED 12/10/64

# RETURN OF A BIRTH. 82873

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LORENA DORMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23rd 1897
4. Place of Birth, (Street and Number) 518 N Mulberry St Baltimore Md.
5. Full Name of Mother, Margie V. Dorman.
6. Mother's Maiden Name, Margie V Chance
7. Mother's Birthplace, Freeman Co Va
8. Full Name of Father, Lauran L Dorman.
9. Father's Occupation Painting Salesman.
10. Father's Birthplace, Lewisburg W. Va.

Name of Medical Attendant, or other person who makes this Return, Ellis Quentin

Address, 230 N Appleton St

Remarks,

8970003042

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82874

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 25th 1897

4. Place of Birth, (Street and Number) No. 127 Dallas Str

5. Full Name of Mother, Emma Lang

6. Mother's Maiden Name, nee Lange

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Lang

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L. Gross

Address, No. 1907 E Monument St

Remarks,

8970003043

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain as full a statement of the births which may occur in each case within the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 23rd 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lombard
5. *Full Name of Mother,* Ella Lovell
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* — —
8. *Full Name of Father,* — —
9. *Father's Occupation* — —
10. *Father's Birthplace,* — —

*Name of Medical Attendant, or other person who makes this Return,* J. Ashton Blanchard M. D.

*Address,* Resident Physician, Maternité

*Remarks,*

8970003044

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82876

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 24th 1897
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard
5. Full Name of Mother, Maggie James
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, — — —
9. Father's Occupation — — —
10. Father's Birthplace, — — —

Name of Medical Attendant, or other person who makes this Return, J. Ashton Blanchard M.D.

Address, Resident Physician Maternity Hospital

Remarks,

8970003045

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth all the facts which are required to be ascertained. The full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82897

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 25th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lombard
5. *Full Name of Mother,* Mrs. Anna Wilson
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant, or other person who makes this Return,* Alton Blakeslee M.D.

*Address,* Resident Physician Maternité

*Remarks,* —

8970003046

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82078

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 26th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W Lanvale
5. *Full Name of Mother,* Julia Hall
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* — —
9. *Father's Occupation* — —
10. *Father's Birthplace,* — —

*Name of Medical Attendant, or other person who makes this Return,* Gaston Blanchard M.D.

*Address,* Resident Physician, Maternité Hospital

*Remarks,*

8970003047

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82879

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 28th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 W. Lombard
5. *Full Name of Mother,* Sadie Lahman
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* — —
9. *Father's Occupation* — —
10. *Father's Birthplace,* — —

*Name of Medical Attendant, or other person who makes this Return,* J. Aston Blanchard M.D.

*Address,* Resident Physician Maternité

*Remarks,*

8970003048

The same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82880

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 1st 1897
4. Place of Birth, (Street and Number) 2124 Division St-
5. Full Name of Mother, Sarah Coreen Booze
6. Mother's Maiden Name, " " Hill
7. Mother's Birthplace, Mississippi
8. Full Name of Father, Joseph B. Booze
9. Father's Occupation Laborer
10. Father's Birthplace, Anne Arundle Co
- Name of Medical Attendant, or other person who makes this Return, Sarah E Dot-
- Address, 1617 N Calhoun St-
- Remarks, 8 9 7 0 0 0 3 0 4 9

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82881

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, First of May.
4. Place of Birth, (Street and Number) 829 Chesapeake Str.
5. Full Name of Mother, Matilda Gutermuth
6. Mother's Maiden Name, Matilda Hormann.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Chas. Gutermuth
9. Father's Occupation Sadler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Burhart

Address, 1011 Bouldin Street Easton

Remarks,

1897000 3050

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 82882

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kenneth Alton Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2 1897

4. Place of Birth, (Street and Number) 1721 St Paul St.

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, Mary E. Pardoe

7. Mother's Birthplace, Calvert Co. Md.

8. Full Name of Father, Berlin Alton Smith

9. Father's Occupation Clerk

10. Father's Birthplace, Easton, Mass.

Name of Medical Attendant, or other person who makes this Return, Mrs. Banger

Address, 1711 E. 6 Poes st

Remarks, Name added Sept. 27-1935 by Kenneth Alton Smith Kenneth A. Smith

8 9 7 0 0 0 3 0 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 52883

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2, 1897.
4. Place of Birth, (Street and Number) No. 1801 Ensor street.
5. Full Name of Mother, Hannah Lang
6. Mother's Maiden Name, Hannah Rebliger.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Martin Lang.
9. Father's Occupation Butcher
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell, M.D.

Address, 1241 Harford ave.

Remarks,

8970003052

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82884

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May 2 1896
4. Place of Birth, (Street and Number) Baltimore Peach al 926
5. Full Name of Mother, Lillie Jackson
6. Mother's Maiden Name, annie Johnson
7. Mother's Birthplace, anriel county
8. Full Name of Father, edward Jackit
9. Father's Occupation Pater mane willie Jackit
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mo me but annie Johnson

Address, 912 plumallin bet law hanburg an brox st

Remarks,

8970003053

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 12885

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 27
4. *Place of Birth, (Street and Number)* 1706 O'Donnell St.
5. *Full Name of Mother,* Lucy Carter
6. *Mother's Maiden Name,* Lucas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Carter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr. Edward Bankert

*Address,* 2

*Remarks,*

8 9 7 0 0 0 3 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 82886

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, May 4 — 1897
4. Place of Birth, (Street and Number) 1021 Argyle Ave.
5. Full Name of Mother, Rachel Parker
6. Mother's Maiden Name, " Smallwood
7. Mother's Birthplace, Md.
8. Full Name of Father, Henry Parker
9. Father's Occupation Waiter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Bayley Md.

Address, 3015 2nd.

Remarks,

8970003055

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 82887

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th May 1892
4. Place of Birth, (Street and Number) 1426 ~~Fayette~~ Gough st
5. Full Name of Mother, Lena Goldstein
6. Mother's Maiden Name, Zaretsky
7. Mother's Birthplace, Poltava Russia
8. Full Name of Father, Isaac Goldstein
9. Father's Occupation Tailor
10. Father's Birthplace, Poltava Russia

Name of Medical Attendant, or other person who makes this Return, H. Thieder M.D.

Address, 143 N. Front St

Remarks,

8970003056

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 7/9/10

# RETURN OF A BIRTH, 82088

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

NAME: ELLA MADELAINE WARTHEN

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth | May 6 1897 |
| 4. Place of Birth, (Street and Number) | 2961 Walbrook ave |
| 5. Full Name of Mother | Julia Warthen |
| 6. Mother's Maiden Name | Fraher |
| 7. Mother's Birthplace | New York City |
| 8. Full Name of Father | Joseph L Warthen |
| 9. Father's Occupation | Plasterer |
| 10. Father's Birthplace | Maryland |
| Name of Medical Attendant, or other Person who makes this Return. | Wm Lewis MD |
| Address | 1220 Linden ave |
| Remarks | |

8970003057

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1236

# RETURN OF A BIRTH. 82889

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 11th |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 7. 1897 |
| 4. Place of Birth, (Street and Number) | 456 E Garland st |
| 5. Full Name of Mother, | Laura Leifert |
| 6. Mother's Maiden Name, | Laura Rode |
| 7. Mother's Birthplace, | Gilsit Germany |
| 8. Full Name of Father, | Julius John Leifert |
| 9. Father's Occupation | Tobacco Worker |
| 10. Father's Birthplace, | Neustadt Ost Prussia Germany |
| Name of Medical Attendant, or other person who makes this Return, | Mrs. Bauge |
| Address, | 711 N Cross st |
| Remarks, | |

8970003058

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82890

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 7th 1897.
4. Place of Birth, (Street and Number) 1105 E. Hoffman st.
5. Full Name of Mother, Ida Estelle Laughton
6. Mother's Maiden Name, " " Marsh
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward F. Laughton
9. Father's Occupation Machinist
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby. M. D.

Address, 1219 N. Caroline st.

Remarks,

1897 0003059

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. This Section shall apply to the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82891

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth.* June 4th
4. *Place of Birth, (Street and Number)* 1108 Eutaw St
5. *Full Name of Mother,* Lottie Townsend
6. *Mother's Maiden Name,* Lottie Williams
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Ted Townsend
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other person who makes this Return, Mary E. Townsend

*Address,* 1108 E. Eutaw St

*Remarks,*

8970003060

Rules. The child shall be registered in the name of the father, if married to the mother, unless otherwise directed by the mother; and the name of each child, if any shall have been given, shall be set forth as far as the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82892

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 5th
4. Place of Birth, (Street and Number) 1548 Penna Ave
5. Full Name of Mother, Lizzie Cook
6. Mother's Maiden Name, " Barnes
7. Mother's Birthplace, Balto City
8. Full Name of Father, Thos F. Cook
9. Father's Occupation Merchant
10. Father's Birthplace, Little Rock Arkansas

Name of Medical Attendant, or other person who makes this Return, Thos L. Huck

Address, 647 N Lafayette Ave

Remarks,

8 7 0 0 0 3 0 6 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82 893

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2.te |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5te of May 92 |
| 4. *Place of Birth, (Street and Number)* | 412 W. Balto Extended |
| 5. *Full Name of Mother,* | Mina Phillip |
| 6. *Mother's Maiden Name,* | Mina Lehaber |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry W. Phillip |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Heiler Midwife |
| *Address,* | 2116 W. Pratt St |
| *Remarks,* | |

(ed 82 893.)

8 9 7 0 0 3 0 6 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82893 1/2

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5th of May 92. |
| 4. *Place of Birth, (Street and Number)* | 412. Eflould Balto |
| 5. *Full Name of Mother,* | Mina Phillips |
| 6. *Mother's Maiden Name,* | Mina Schaper |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry W Phillips |
| 9. *Father's Occupation* | Golder |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Reuter Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8970003063

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82894

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 14th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 6th of May 97 |
| 4. *Place of Birth, (Street and Number)* | 2153 Calverton Road |
| 5. *Full Name of Mother,* | Johana Folkert |
| 6. *Mother's Maiden Name,* | Johana Leinhaas |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Ferdinand Folkert |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler Midwife |
| *Address,* | 216 W Pratt St |
| *Remarks* | |

8970003064

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82895

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 1st. 1897
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Bessie Washington
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J D Lowe

*Address,* 622 W Lombard

*Remarks,*

8970003065

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82896

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 2
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Francis Thompson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Lowe

Address, 622 W Lombard

Remarks,

8970003066

The Physician, Midwife or other person who shall attend upon any birth, shall within five days thereafter report the same to the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82897

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd
4. Place of Birth, (Street and Number) 823 Ramsay St
5. Full Name of Mother, Kate Grehan
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. D. Love

Address, 622 W Lombard St

Remarks,

8970003067

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 898

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday May 2nd 1897
4. Place of Birth, (Street and Number) 17 E. Saratoga
5. Full Name of Mother, Addie Geesiger
6. Mother's Maiden Name,
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. L. Boynton M. D.

Address, 113 & 115 West Lombard St.

Remarks,

8970003068

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 899

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 4th
4. Place of Birth, (Street and Number) 523 Reese St
5. Full Name of Mother, Annie Dare
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Lowe

Address, 622 W Lombard

Remarks,

8470003069

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82900

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 6th

4. Place of Birth, (Street and Number) ~~Parish alley~~ Parish alley

5. Full Name of Mother, Lulu Reed

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Lowe

Address, 622 W Lombard

Remarks,

1897000307 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This return must be made in the form of the return which will be furnished by the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82901

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 8th

4. Place of Birth, (Street and Number) 770 Dover St

5. Full Name of Mother, Mariah Davis

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Lowe

Address, 622 W Lombard

Remarks,

1897000307 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82902

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 8

4. Place of Birth, (Street and Number) 704 Sarah Ann St

5. Full Name of Mother, Sarah E. Hall

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. D. Lowe

Address, 622 W. Lombard

Remarks,

8970003072

Wm. J. C. Dulany Co., City Printers and Stationers.

Notice.—The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82903

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 9th
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Mary Reid
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J D Lowe

*Address,* 622 W Lombard

*Remarks,*

8 9 7 0 0 0 3 0 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82904

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* May 13
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Irene Payne
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J P Lowe

*Address,* 622 W Lombard

*Remarks,*

8970003074

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82905

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) C

3. Date of Birth, May 16

4. Place of Birth, (Street and Number) 5-26 Elbow Lane

5. Full Name of Mother, Henrietta Wright

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. D. Love

Address, 622 W Lombard

Remarks,

8970003075

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. ... shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82906

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 5
4. Place of Birth, (Street and Number) 681 Vine St
5. Full Name of Mother, Emma Cooper
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lowe

Address, 622 W Lombard St

Remarks,

8970003076

Wm. J. C. Dulany Co., City Printers and Stationers.

...ers, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82907

[redacted] 7/19/60

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida May Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 16 1897
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Dora Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Lowe

Address, 622 W Lombard

Remarks,

8970003077

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82908

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, May 18th 97
4. Place of Birth, (Street and Number) 119 Clarkson Alley
5. Full Name of Mother, Blanche Haliness
6. Mother's Maiden Name, —
7. Mother's Birthplace, Virginia
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 113 & 115 North Lombard St.

Remarks,

8970003078

been conferred) its sex, color, the full name, and residence of the parents, and the date of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82909

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 20
4. *Place of Birth, (Street and Number)* 2330 n Arlington Ave
5. *Full Name of Mother,* Stella Boyer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* J W Love

*Address,* 622 W Lombard

*Remarks,*

8970003079

**Health.** This schedule shall contain a list of the births which ... each child, (if any shall have been conferred,) its sex, color, the full name of each child, (if any shall have been conferred,) its sex, color, the full name of each child, (if any shall have been conferred,) its sex, color, the full name of

# RETURN OF A BIRTH. 83910

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 21
4. Place of Birth, (Street and Number) 309 Dawson Al
5. Full Name of Mother, Mamie Colbert
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Love

Address, 622 W Lombard

Remarks,

8970003080

Baltimore under whose charge or superintendence such birth shall occur. Blanks for the returns required to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 911

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4 L

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 23rd
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Rush
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Lowe

Address, 622 W Lombard

Remarks,

8470003081

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the five of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82912

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* May 24th
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Eliza Sanders
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* J. D Loor

*Address,* 622 W Lombard

*Remarks,*

8970003082

Health. This schedule shall contain a list of the births within the ... of each child, (if any shall have been conferred) its sex, color, the full name of each child, (if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82913

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 26
4. Place of Birth, (Street and Number) 845 Robert
5. Full Name of Mother, Harriet Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Lowe

Address, 622 W Lombard

Remarks,

8970003083

Baltimore under whose charge of superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82914

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, May 28
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Nannie A Hall
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. D. Love

Address, 622 W Lombard

Remarks,

8970003084

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under a penalty of ten dollars, to be furnished by the Commissioner of Health, and shall enter the same on blank schedule

# RETURN OF A BIRTH. 82915

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, May 29

4. Place of Birth, (Street and Number) 622 W Lombard

5. Full Name of Mother, Annie Gabel

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Lowe

Address, 622 W Lombard

Remarks,

8970003085

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule as far as the same can be ascertained, the date and place of birth, and the register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of month, and shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82916

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred since the last return, with the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the physician or midwife, if any, present at the birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 30
4. Place of Birth, (Street and Number) 514 Parish alley
5. Full Name of Mother, Lizzie Dudley
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J P Lowe

Address, 622 W Lombard

Remarks,

8970003086

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82917

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) C
3. Date of Birth, May 30
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Sallie Ann Lesler
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J D Lover

Address, 622 W Lombard

Remarks,

8970003087

Health. This schedule shall contain a list of the births which have occurred since the ... of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82918

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 1st 1896.
4. Place of Birth, (Street and Number) 1614 Patapsco St.
5. Full Name of Mother, Mrs Minnie A Smith
6. Mother's Maiden Name, Minnie A Frame
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William H Smith
9. Father's Occupation Brakeman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Catherine Hamb

Address, 800 Leadenhall St.

Remarks,

8970003088

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, no other person be in attendance shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - Over 7/4/17

# RETURN OF A BIRTH. 852919

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: FRANK HERBERT ~~HERBERT~~ DRAGER

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.)

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2nd of May 1897
4. Place of Birth, (Street and Number) 1908 Block E. Baltimore City
5. Full Name of Mother, Mrs Mary Drager
6. Mother's Maiden Name, Mary Schwab
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Mr Theodore Drager
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Katherine Hinds

Address 502 Madison St.

Remarks Full name of child - Frank Herbert Drager

8 9 7 0 0 0 3 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or persons required, and attendance upon the mother, immediately thereafter it shall be the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82920

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, May 3rd 1897
4. Place of Birth, (Street and Number) 526 Rosedew Court
5. Full Name of Mother, Hester Paton Reed
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, James Paton
8. Full Name of Father, Waiter
9. Father's Occupation Baltimore
10. Father's Birthplace, Wm. H. Dabney M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970003090

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8921

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Section 1.** This schedule shall contain a list of the births which have occurred since the last day of the month next preceding the date of such return, as far as the same can be ascertained; the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of the marriage of the parents, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* May 3rd 1897
4. *Place of Birth, (Street and Number)* 232 Mulford Ave.
5. *Full Name of Mother,* Lizzie Woolford
6. *Mother's Maiden Name,* Dodd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Woolford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. McDaniel M.D.

*Address,* Johns Hopkins Hospital, Baltimore, Md.

*Remarks,*

8970003091

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82922

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3d day
4. *Place of Birth, (Street and Number)* No 129 North St City
5. *Full Name of Mother,* Ida A Bell
6. *Mother's Maiden Name,* Hamm
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* Louis C Bell
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Catherine Mundt

*Address,* 870 Cookerell St.

*Remarks,*

8 9 7 0 0 0 3 0 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents required, and attendance upon the mother, immediately thereafter it, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 83923

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Sixth |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | May 3-97 |
| 4. Place of Birth, (Street and Number) | 714 Asquith |
| 5. Full Name of Mother, | Elora B. Robinson |
| 6. Mother's Maiden Name, | " Evans |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | J. Frank Robinson |
| 9. Father's Occupation | Magistrate |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary A. Allwell |
| Address, | 1438 N. Bond |
| Remarks, | |

8 9 7 U 0 0 3 0 9 3

Health. This schedule shall contain a list of the births which [illegible] the full name of each child, (if any shall have been conferred) and shall set forth as far as the same can be ascertained the parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82924

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health, and shall enter the same on blank schedules to be furnished by the Commissioner of Health, and shall enter the same on blank schedules to be furnished by the Commissioner of Health

# RETURN OF A BIRTH. 82925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, Mar 4
4. Place of Birth, (Street and Number) N.W. Cor Pratt & Exeter
5. Full Name of Mother, Fanny Rosenthal
6. Mother's Maiden Name, " Montze
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Rosenthal
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas F. Blake MD

Address, 1503 E Balto St

Remarks,

8970003095

Wm J C. Dulany Co., City Printers and Stationers.

...cupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitio... ...e Commissioner of Health. In case the birth of any child ...r practitioner of midwifery, or should no other person be in ...third day of each and every month to the office of the person or parents of such ...shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ...er it shall become the duty, immediately thereafter, to notify the Commissioner of Health, in the manner and within the period above required, and ...attendance upon the mother, immediately thereafter, to notify the Commissioner of Health, in the manner and within the period above required, and ...child to report its birth to the Commissioner of this section shall be sub... ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82926

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blanks ... which have occurred under his or her care during the ... This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ... Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | May 2. |
| 4. *Place of Birth, (Street and Number)* | 1922 Railroad Ave. |
| 5. *Full Name of Mother,* | Agnes Mannion. |
| 6. *Mother's Maiden Name,* | Agnes Mooney. |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | Wm. Mannion. |
| 9. *Father's Occupation* | Stone cutter. |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd |
| *Address,* | Md. Gen'l Hosp. |
| *Remarks,* | |

8970003096

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 927

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 1897
4. Place of Birth, (Street and Number) 816 John St
5. Full Name of Mother, Elizabeth N. Garrett Hill
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno. Garrett
9. Father's Occupation Cooper
10. Father's Birthplace, New York.

Name of Medical Attendant, or other person who makes this Return, Wm. McIlvaine M.D.

Address, John Hopkins Hospital, Baltimore Md

Remarks,

8 9 7 0 0 0 3 0 9 7

Health. This schedule shall contain a list of the names which ... the full name of each child, (if any shall have ... same can be ascertained the full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 82928

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 6 - 97 |
| 4. *Place of Birth, (Street and Number)* | 939 N Hoffman Ave |
| 5. *Full Name of Mother,* | Lillian J. Joslin |
| 6. *Mother's Maiden Name,* | " " Kirby |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | J. Douglas Joslin |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allwell |
| *Address,* | 438 N Bond |
| *Remarks,* | |

8970003098

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82 929

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 7th 1897 |
| 4. *Place of Birth, (Street and Number)* | Payson St No 200 2 |
| 5. *Full Name of Mother,* | Clara J Minx |
| 6. *Mother's Maiden Name,* | Clara J notts |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Harry L Minx |
| 9. *Father's Occupation* | Paper hanger |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | No 19 22 Wilkins Ave |
| *Remarks,* | |

8 9 7 0 0 0 3 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practioner of midwifery, or should become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82930

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | Ramsey ~~Street~~ st & N 15-2 |
| 5. *Full Name of Mother,* | Sadey M Wilhelm |
| 6. *Mother's Maiden Name,* | Sadey M. Higgins |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John L Wilhelm |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Baltimore E C M D |
| *Name of Medical Attendant,* or other person who makes this Return, | Mr S Kelly |
| *Address,* | 1c 1922 Wilkins Ave |
| *Remarks,* | |

8970003100

**Note.** This schedule shall contain a list of the births which have occurred since the last report, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained

1236]

GIVEN NAME ADDED 4-6-59

# RETURN OF A BIRTH. 83931

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maria Juliane Viessmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8/97
4. Place of Birth, (Street and Number) 1829 S. Clarke St
5. Full Name of Mother, Kate Viessmann
6. Mother's Maiden Name, Kate Lefinger
7. Mother's Birthplace, Wirtemberg
8. Full Name of Father, Georg Viessmann
9. Father's Occupation Salon
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other person who makes this Return, Mrs Berge

Address, 2[illegible] Lemmon st.

Remarks,

8970003101

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 3-31-59

# RETURN OF A BIRTH. 82952

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Dorothea Mc Comas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9, 1892.
4. Place of Birth, (Street and Number) No. 1712 Lamont ave.
5. Full Name of Mother, Ellen McComas.
6. Mother's Maiden Name, Ellen Billinger
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Harry McComas.
9. Father's Occupation Painter.
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elsewell, M.D.

Address, 1741 Hanford ave

Remarks,

8970003102

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. And be it ordained, That the Commissioner of Health shall prepare a schedule which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered month to the office of the Commissioner of midwifery, or shall no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82933

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Sept 4 1897

4. *Place of Birth, (Street and Number)* 622 Greenfield Ave

5. *Full Name of Mother,* Kate Sutherland

6. *Mother's Maiden Name,* Kate Stackhouse

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Thos Sutherland

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return. Dr. Hamilton

*Address,* Dr. Hamilton

*Remarks,*

8970003103

register of such birth, and shall enter the same on the ... under his or her care during the ... which have occurred under his or her care during the ... shall contain a list of the births which have occurred under his or her care during the ... same can be ascertained, the full name of each child, (if any shall have been ... and occupation of its parents, the date and place of birth; and the ... signed by the practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... delivered, duly signed by the practitioner or midwifery, or should no other person of such ... month to the office of the Commissioner of Health, in the manner and within the period above required, and ... physician or practitioner of midwifery, or should no other person of such ... hereafter it shall become the duty of the person or parents of such ... mediately upon the mother, immediately of this section shall be sub- ... Commissioner of Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82934

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 7 1897
4. *Place of Birth, (Street and Number)* 26 Canton Pl
5. *Full Name of Mother,* Kate Mullen
6. *Mother's Maiden Name,* Kate Brown
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation* Unknown
10. *Father's Birthplace,* Unknown

*Name of Medical Attendant,* or other person who makes this Return, Dr Chapman

*Address,* 20 Canton Pl

*Remarks,*

8970003104

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 935

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* May 9.
4. *Place of Birth, (Street and Number)* Md. Genl. Hospital.
5. *Full Name of Mother,* Pauline Bailey.
6. *Mother's Maiden Name,* Pauline Bailey
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* George Taylor.
9. *Father's Occupation* Oysterman.
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd M.D. Md. Genl. Hosp

*Address,*

*Remarks,*

8970003105

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore City, to be furnished by the Commissioner of Health, to the person who shall enter the same on blank schedule

# RETURN OF A BIRTH. 82936

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 9
4. Place of Birth, (Street and Number) 229 W Pratt st.
5. Full Name of Mother, Ida Roessler
6. Mother's Maiden Name, " Krügel
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas F Roessler
9. Father's Occupation Hardware dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katherine Hynd

Address, 800 Leadenhall St.

Remarks,

8 9 7 0 0 0 3 | 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore shall enter the same on blank schedules to be furnished to him or her by the Registrar of Vital Statistics, and shall enter the same on blank schedules, to be furnished to him or her care during the month, which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births

GIVEN NAME ADDED - 4/22/97

[Form 1236.]

# RETURN OF A BIRTH. 82937

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELEANOR ~~BARBARA~~ BAUERNSCHUB

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) May 2 '97
3. Date of Birth, 1925 N. Chester St.
4. Place of Birth, (Street and Number) Catherine Bauernschub
5. Full Name of Mother, " Ralf
6. Mother's Maiden Name, Balto Md
7. Mother's Birthplace, Balto Md Andrew Bauernschub
8. Full Name of Father, Barber
9. Father's Occupation Andrew Bauernschub
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

8970003107

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236]

# RETURN OF A BIRTH. 82938

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 Mai
4. Place of Birth, (Street and Number) 1137 Lemmert st.
5. Full Name of Mother, Barbara Schmitt
6. Mother's Maiden Name, = Wastvogel
7. Mother's Birthplace, Germanie
8. Full Name of Father, Louis Schmitt
9. Father's Occupation - Blacksmith
10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent. Av.

Remarks,

8970003108

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 82939

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leroy Winfield Malone

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 2 1897.

4. Place of Birth, (Street and Number) 1 East Lanvale

5. Full Name of Mother, Mary Gertrude Malone

6. Mother's Maiden Name, Mary Gertrude Reel

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Leonard Malone

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lieuserman

Address, 2924 Elliott st.

Remarks, GIVEN NAME ADDED. 2-20-52

8970003109

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health of Baltimore City requires that the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-7-59

# RETURN OF A BIRTH 82940

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret R. Abbott 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2d May 1897
4. Place of Birth, (Street and Number) 1129 Riverside Ave
5. Full Name of Mother, Florence Abbott
6. Mother's Maiden Name, " Wheeler
7. Mother's Birthplace, Balto
8. Full Name of Father, John Abbott
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gurnell.

Address, 650 E Fort ave

Remarks,

8970003110

Health. This schedule shall contain a true statement, as near as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82941

GIVEN NAME ADDED 11-12-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie ~~Isabel~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4 1897
4. Place of Birth, (Street and Number) 97 Carter alley
5. Full Name of Mother, Mary E Smith
6. Mother's Maiden Name, Grimes
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Paul H Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Grimes 97 Carter alley

Remarks, Mother was married at 16

8970003111

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 82942

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 5 Mai
4. Place of Birth, (Street and Number) 1509 Eden st
5. Full Name of Mother, Marie Schreiber
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balt.
8. Full Name of Father, Adolf Schmidt
9. Father's Occupation Taylor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent Av.

Remarks,

8970003112

register of such birth, and shall enter the same in a book to be kept for the purpose. Every midwife who shall attend upon any woman in labor, shall, within ten days after the birth of the child, make a return of such birth to the office of the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1286.]

# RETURN OF A BIRTH. 82943

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) wh. ite
3. Date of Birth, 5th May
4. Place of Birth, (Street and Number) 1217. N. Eldray St
5. Full Name of Mother, Neide Bemmerman
6. Mother's Maiden Name, Neide Stengel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Bemmerman
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bird Mortuse

Address, 1417 E. Eager St.

Remarks,

8970003113

register of such birth, and shall enter the same on blank schedules, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same therein. Every midwife, physician or other person who shall have been employed in any case of birth, shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82944

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 6 |
| 4. *Place of Birth, (Street and Number)* | 15 E Cameron Ave |
| 5. *Full Name of Mother,* | Mrs Jane Conor Fennoth |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Geo Fennoth |
| 9. *Father's Occupation* | Insurance Collector |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant, or other person who makes this Return,* | E. E. Ellenbogen |
| *Address.* | 11 N Carey St |
| *Remarks,* | |

8970003114

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# RETURN OF A BIRTH. 82945

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2nd

1. Sex, (state whether male or female) Males
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 May 97
4. Place of Birth, (Street and Number) 1829 Byrd st
5. Full Name of Mother, Lucie Wagley
6. Mother's Maiden Name, " Reid
7. Mother's Birthplace, Harpers Ferry
8. Full Name of Father, Thomas B Wagley
9. Father's Occupation Laborer
10. Father's Birthplace, Summers Pt Jefferson Co Va

Name of Medical Attendant, or other person who makes this Return, Chas E Gravell

Address, 650 E Fort Ave

Remarks,

8970003115

...shall enter the same on blank schedule, to be furnished by the Commissioner of Health, for the town during the ...ister of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, for the town during the register. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

# RETURN OF A BIRTH. 83946

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Rolland G.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9th

4. Place of Birth, (Street and Number) 1823 Frederick Ave

5. Full Name of Mother, Mrs Mamie Stewart Miller (Arabella H. Bankus)

6. Mother's Maiden Name, Bankus

7. Mother's Birthplace, Va

8. Full Name of Father, Emanuel Miller (Mamie Miller)

9. Father's Occupation Soldier U. S. A.

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, B. B. Lucas

Address, 11 N Carey St

Remarks, Instrumental

8 9 7 0 0 0 3 1 1 6

This schedule shall contain a list of the births which occur in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82947

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 9th 1897
4. Place of Birth, (Street and Number) 140 N. Exeter st.
5. Full Name of Mother, Celia Kopfell
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Kopfell
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970003117

Health. This schedule shall contain a list of the births which have occurred under the care of each shall have month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82948

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black.

3. Date of Birth, May 9th 1897

4. Place of Birth, (Street and Number) 117 Cedar St.

5. Full Name of Mother, Sarah Lizzie Martin

6. Mother's Maiden Name,

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Martin

9. Father's Occupation Drayman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 1134 115 W. Lombard St

Remarks,

8970003118

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

1236.]

# RETURN OF A BIRTH. 82949

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 9th
4. *Place of Birth, (Street and Number)* 1306 Penna Ave
5. *Full Name of Mother,* Mary E. Klutz
6. *Mother's Maiden Name,* " " Schott
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* R. H. Klutz
9. *Father's Occupation* Finisher
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, John G. Hurk

*Address,* 64 N Lafayette ave

*Remarks,*

8970003119

Wm. J. C. Dulany Co,. City Printers and Stationers.

rths which have occurred under his or her care during the Health. This schedule shall contain a list of the births wh ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascerta occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitio the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Com practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the r it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practi child to report its birth to the Commissioner of Health, in th above required, and any such person or persons who shall hereafter fail to comp th, in the manner and within the period ly with the provisions of this section shall be sub- o be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be re

1236.]

# RETURN OF A BIRTH. 82950

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 4th
4. Place of Birth, (Street and Number) 603 N Lafayette Ave
5. Full Name of Mother, Eva A. Minnick
6. Mother's Maiden Name, [illegible] Flowman
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm F. Minnick
9. Father's Occupation Collector
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John T. Huck

Address, 64 N Lafayette Ave

Remarks,

8970003120

register of such birth, and shall enter the same [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. This schedule shall contain a list of the births which have occurred under his or her care during the Health. This schedule can be ascertained the full name of each child, (if any shall have

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1336

# RETURN OF A BIRTH. 52951

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 9 — 1897 |
| 4. *Place of Birth, (Street and Number)* | 755½ W Mulberry |
| 5. *Full Name of Mother,* | Kate Seal |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | U. Seal |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | Edwin K. Ballard M.D. |
| *Address,* | |
| *Remarks,* | |

8970003121

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished to him or her care during the register of such births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the Health. and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

13.]

# RETURN OF A BIRTH. 82952

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 9, '97.

4. Place of Birth, (Street and Number) 1121 Lord St

5. Full Name of Mother, Hattie Stebens Schreiber

6. Mother's Maiden Name,

7. Mother's Birthplace, Germany

8. Full Name of Father, Martin Stebens

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 3 1 2 2

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month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82953

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Female.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, May 9th 1894.
4. *Place of Birth*, (*Street and Number*) 253 Cleveland ave.
5. *Full Name of Mother*, Fannie Reinker.
6. *Mother's Maiden Name*, Brady.
7. *Mother's Birthplace*, Va.
8. *Full Name of Father*, Robert E. Reinker.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace*, Va.

*Name of Medical Attendant*, or other person who makes this Return, Chas. H. Mitchell M. D.

*Address*, 291 Cleveland ave

*Remarks*, 8970003123

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...register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82954

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 9 '97.
4. *Place of Birth, (Street and Number)* 2428 Mc Elderry St
5. *Full Name of Mother,* Emma Miller Kreober
6. *Mother's Maiden Name,* Germany
7. *Mother's Birthplace,* Henry Miller
8. *Full Name of Father,* Baker
9. *Father's Occupation* Germany
10. *Father's Birthplace,* Caroline Miller

*Name of Medical Attendant,* or other person who makes this Return, 1605 Walker St

*Address,*

*Remarks,*

8 9 7 0 0 0 3 1 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82955

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | May 10, 1899. |
| 4. *Place of Birth, (Street and Number)* | 9 Wilson St. |
| 5. *Full Name of Mother,* | Sarah E. Riley. |
| 6. *Mother's Maiden Name,* | Hampshire. |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Howard Riley. |
| 9. *Father's Occupation* | Machinist. |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. H. Mitchell M.D. |
| *Address,* | 291 Chestnut ave |
| *Remarks,* | |

8970003125

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82956

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1897.
4. Place of Birth, (Street and Number) 2026 E. Biddle st.
5. Full Name of Mother, Laura A. Sanft
6. Mother's Maiden Name, Laura A. Loeffler
7. Mother's Birthplace, Washington, D. C.
8. Full Name of Father, Harry Loeffler
9. Father's Occupation Cane Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Carolina st.

Remarks,

8970003126

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedules to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83957

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Likens Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jn 10th 1897
4. Place of Birth, (Street and Number) 2006 McKeldin St
5. Full Name of Mother, Harriet D Young
6. Mother's Maiden Name, Nicholson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Young
9. Father's Occupation Collector
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Wm McDaniel MD

Address, John Hopkins Hospital Baltimore, Md.

Remarks, Rec'd Jn 14 1897
Dr 31

8 4 7 0 0 0 3 1 2 7

**Health.** This schedule shall contain a list of the births which have occurred [illegible] the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82958

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* May 10
4. *Place of Birth, (Street and Number)* Md. Genl. Hosp.
5. *Full Name of Mother,* Mary Taylor.
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm. Henry Smith.
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Kent Co.

*Name of Medical Attendant, or other person who makes this Return,* M. D. Toad

*Address,* Md. Genl Hosp

*Remarks,*

8970003128

register of such birth, and shall enter the same on the ... which have occurred under his or her care during the ... This schedule shall contain a list of the births which have occurred under his or her care during the ... Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the ... month conferred, duly signed by the practitioner in the form of a certificate between the first and ... been conferred, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, month to the office of the Commissioner of Health. In case the birth occurs in the ... said schedule shall be delivered, every month to the office of the Commissioner of Health. In case the birth occurs in the ... third day of each and every month of a physician or practicioner of midwifery, or should no other person as ... third day of each and every month of a physician or practicioner of midwifery, or should no other persons of such ... shall occur upon the mother, immediately thereafter. It shall become the duty of the person or parents required, and ... shall occur upon the mother, immediately thereafter. It shall become the duty of the person or parents required, and ... attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... attendance to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- ... child to report its birth to the Council hereafter fail to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236

# RETURN OF A BIRTH. 82959

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 Nov 1897

4. Place of Birth, (Street and Number) 66 Courtland St.

5. Full Name of Mother, Kate Boettger

6. Mother's Maiden Name, Kate Schram

7. Mother's Birthplace, Germany (Wurtenberg)

8. Full Name of Father, Paul Boettger

9. Father's Occupation Machinist

10. Father's Birthplace, Germany (Prussia)

Name of Medical Attendant, or other person who makes this Return, Wm Bangs

Address, 711 N. Gross st.

Remarks,

8970003129

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or Commissioner of Health. In case no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 82960

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Anna Mary ~~Elizabeth~~ Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th eight

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th of May 192
4. Place of Birth, (Street and Number) Nanticoke St. 1151
5. Full Name of Mother, Katie Schmidt
6. Mother's Maiden Name, Katie Heiser
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Schmidt
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N. Broadway

Remarks,

8970003130

Wm. J. C. Dulany Co., City Printers and Stationers.

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...register of such birth, and shall enter the same in a book for that purpose. Every midwife who shall have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births which have occurred under his or her care during the month, and shall contain a list of the births which

# RETURN OF A BIRTH. 82961

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision children born within the limits of the city may be, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Black.
3. *Date of Birth,* May 11 1897
4. *Place of Birth, (Street and Number)* 1424 Tyson.
5. *Full Name of Mother,* Catherine Walton.
6. *Mother's Maiden Name,* Unknown.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Jas. Walton.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd

*Address,* Md. Gen. Hosp.

*Remarks,*

8970003131

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-51

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# RETURN OF A BIRTH. 82962

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Stella Amelia Erichsen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 11, 1894.
4. Place of Birth, (Street and Number) 108 Cedar ave.
5. Full Name of Mother, Anna Catherine Erichsen
6. Mother's Maiden Name, Carstensen.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Broder Peter Erichsen.
9. Father's Occupation Fireman.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. Th. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970003132

The register of births shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FM 1236]

CERTIFICATE CORRECTED 11-10-39

# RETURN OF A BIRTH. 82963

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Laura Meinert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 o

1. Sex, (state whether male or female) gil

2. Race or Color, (if not of the white race)

3. Date of Birth, # 6th May 1897

4. Place of Birth, (Street and Number) 1128 Harford Av.

5. Full Name of Mother, Laura Meinert

6. Mother's Maiden Name, Riggins

7. Mother's Birthplace, Balt.

8. Full Name of Father, John Meinert

9. Father's Occupation letter carrier

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W. Cent Av.

Remarks,

8970003133

Baltimore under whose charge or supervision the same is furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any be in third day of each and every month to the office of the person or parents of such practitioner in the form of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such immediately thereafter, in the manner and within the period above required, and attendance upon the mother, to comply with the provisions of this section shall be subject child to report its birth to the Commissioner of Health, or other person who shall hereafter fail to comply with the provisions of this section shall be subject any such person or persons who shall be guilty of any offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82 964

CERTIFICATE CORRECTED 8-6-[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen ~~Gertrude~~ Vogel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 12. (2.35 A.M.), 1897
4. Place of Birth, (Street and Number) 117 Hanover Street.
5. Full Name of Mother, Anna Barbara Vogel,
6. Mother's Maiden Name, ~~Heil~~ Hansel
7. Mother's Birthplace, Lauterbach - Hessen Darmstadt
8. Full Name of Father, Adam Adolf Vogel,
9. Father's Occupation Carpenter,
10. Father's Birthplace, Usendorf - near Giessen H. Darmstadt.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kahn for the Mothers Relief Society

Address, 1412 Eutaw Place

Remarks,

8970003134

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82965

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* May 3 - 97

4. *Place of Birth, (Street and Number)* 828 N Gay

5. *Full Name of Mother,* Eleanora E. Sheeler

6. *Mother's Maiden Name,* " Adler

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Henry Sheeler

9. *Father's Occupation* Silver worker

10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* Mrs Mary A. Allwell

*Address,* 1438 N. Bond St

*Remarks,*

8970003135

register of such birth, and shall enter the same on blank schedules furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: The full name of each child, if any, shall have been conferred; its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the physician or practitioner in attendance, to the office of the Commissioner of Health. In case the birth of any child third occur without the mother, immediately thereafter, in the manner and in the form of a certificate between the first and shall become a physician or practitioner in attendance upon the mother, it shall be in the duty of the person or parents, of such child to report its birth to the Commissioner of Health, and should no other person of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82966

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13th 1897
4. Place of Birth, (Street and Number) 2801 Hampden Ave
5. Full Name of Mother, Julia Eiser Moorehead
6. Mother's Maiden Name, Julia Eiser
7. Mother's Birthplace, Frostburg Allegheny Co. Md
8. Full Name of Father, Robt J Moorehead
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Pilghman B Marden M.D

Address, 2910 Huntington Ave

Remarks, Normal Left Occipito-anterior case
Both doing well 503136

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 82967

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained the full name

# RETURN OF A BIRTH. 82968

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1609 Jasper St |
| 5. *Full Name of Mother,* | Charlotte V. Phillips |
| 6. *Mother's Maiden Name,* | Wynder |
| 7. *Mother's Birthplace,* | Eastern Shore Md. |
| 8. *Full Name of Father,* | John R. Phillips |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | Sparta, Kenty |
| *Name of Medical Attendant, or other person who makes this Return,* | C. M. Cook |
| *Address,* | 1052 Myrtle Ave |
| *Remarks,* | |

8 4 7 0 0 0 3 1 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82969

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 14th May 97

4. *Place of Birth, (Street and Number)* 1500 Yarrough st

5. *Full Name of Mother,* Race Williams

6. *Mother's Maiden Name,* " Cooper

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Alexander Williams

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Jno. O'Donnell

*Address,* 660 E Fort Ave

*Remarks,*

8970003139

Wm. C. Dulany Co., City Printers and Stationers.

the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. Should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, or the Practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82970

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | boy |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 14 Mai |
| 4. *Place of Birth, (Street and Number)* | 947 Lanvale st |
| 5. *Full Name of Mother,* | Lena Gunther |
| 6. *Mother's Maiden Name,* | = Henninger |
| 7. *Mother's Birthplace,* | Germ. |
| 8. *Full Name of Father,* | John Gunther |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | Germ. |
| *Name of Medical Attendant, or other person who makes this Return,* | Anna Walter |
| *Address,* | 928 W Cent Av. |
| *Remarks,* | |

8970003140

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

# RETURN OF A BIRTH. 82971

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1897
4. Place of Birth, (Street and Number) 1626 E. Madison St
5. Full Name of Mother, Rachel Rosenfield
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Russia
8. Full Name of Father, Adolph Rosenfield
9. Father's Occupation
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970003141

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. Any midwife or other person who shall hereafter take charge or superintendence a birth shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82972

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May the 14 th 1897
4. *Place of Birth, (Street and Number)* James A ve 1313
5. *Full Name of Mother,* Elizabeth Booker
6. *Mother's Maiden Name,* Elizabeth Engle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip Booker
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs S Kelley

*Address,* No 1902 Wilkins Ave

*Remarks,*

8970003142

**Health.** This schedule shall contain a list of the births which have occurred during the preceding calendar month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82973

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18 th. 1897.
4. Place of Birth, (Street and Number) Balto Univ Maternity
5. Full Name of Mother, Annie Jackson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Jackson
9. Father's Occupation Not known
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Henry J. Hinton M.D.

Address, Balto Univ Hosp.

Remarks,

1897 0003143

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner aforesaid, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such

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FORM 1236.]

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such shall occur without the attendance of a physician or practioner of midwifery, as required above, and child to report its birth to the Commissioner of Health, in the manner and within the period above required. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82974

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15, 1897.
4. *Place of Birth, (Street and Number)* No. 1823 Harford ave.
5. *Full Name of Mother,* Maud Conway
6. *Mother's Maiden Name,* Maud Dunn
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Conway
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Maryland.

*Name of Medical Attendant,* or other person who makes this Return, Eug. A. Elsewell, M.D.

*Address,* 1241 Harford ave.

*Remarks,*

8970003144

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82 975

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15th '97
4. *Place of Birth, (Street and Number)* 1317 Hull St.
5. *Full Name of Mother,* Sophie Muchow
6. *Mother's Maiden Name,* S. Bucher
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Muchow
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant, or other person who makes this Return,* Amalie Boecker

*Address,* 1339 Hull St.

*Remarks,*

8970003145

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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[M 1236.]

# RETURN OF A BIRTH. 82976

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 15 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 15th May 1897 |
| 4. Place of Birth, (Street and Number) | 10 Mercersias St |
| 5. Full Name of Mother, | Mary E Gortt |
| 6. Mother's Maiden Name, | Mary E Rott |
| 7. Mother's Birthplace, | Balto Md |
| 8. Full Name of Father, | George Gortt |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | E A Brooks |
| Address, | 1828 Light St |
| Remarks, | Dairy Well |

8970003146

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82977

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sunday May 16th 1897
4. Place of Birth, (Street and Number) 1349 N. Fulton ave.
5. Full Name of Mother, Mrs. Margaret Doyle
6. Mother's Maiden Name, Margaret Donnelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Henry Doyle
9. Father's Occupation motorman
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs. M. J. Shockey

Address, 721 Cumberland St.

Remarks,

8970003147

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82978

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16th of May 92 |
| 4. *Place of Birth, (Street and Number)* | 1905 Lombard St |
| 5. *Full Name of Mother,* | Milie Zimerman |
| 6. *Mother's Maiden Name,* | Milie Ehert |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Theodore Zimerman |
| 9. *Father's Occupation* | Brauer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Heuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8 9 7 0 0 0 3 1 4 8

Baltimore, from whom a birth is required, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 82979

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 16. / 10. 5. P. M. /
4. Place of Birth, (Street and Number) 553 W. Conway Street.
5. Full Name of Mother, Anna Regina Dubois /
6. Mother's Maiden Name, Fetsch /
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Walter Castle Dubois /
9. Father's Occupation Laborer /
10. Father's Birthplace, Marengo - Ala

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

| 8970003149

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

# RETURN OF A BIRTH. 82980

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 16 Mai

4. Place of Birth, (Street and Number) 1509 Joseph st.

5. Full Name of Mother, Barbara Schwindel

6. Mother's Maiden Name, Schreiber

7. Mother's Birthplace, Germ.

8. Full Name of Father, John Schwindel

9. Father's Occupation —

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Cent Av.

Remarks, 18970003150

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the office of the person or parties of such shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. It shall become the duty of the person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82981

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office or practioner of midwifery, or the person or parents of such said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and attendance upon the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth as aforesaid, it shall become the duty of the person or parents of such mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 17th |
| 4. *Place of Birth, (Street and Number)* | 706 Druid Hill Ave |
| 5. *Full Name of Mother,* | Ella Deitrich |
| 6. *Mother's Maiden Name,* | Ella Boillhart |
| 7. *Mother's Birthplace,* | Pa |
| 8. *Full Name of Father,* | Justus Deitrich |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Edw Greenfield |
| *Address,* | 317 Lond St |
| *Remarks,* | |

8970003151

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1236.]

# RETURN OF A BIRTH. 82982

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 17th 1897

4. Place of Birth, (Street and Number) 2422 Castle St

5. Full Name of Mother, Barbara Weber

6. Mother's Maiden Name, Nageyast

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Weber

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown, Midwife

Address, 1922 E Fayette Street

Remarks,

8 4 7 0 0 0 3 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

registry of this birth, and shall enter the same which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 82983

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 17. (12. 45. A. M.)
4. Place of Birth, (Street and Number) 1718 Little William Street.
5. Full Name of Mother, Catherine, Elizabeth Seifert.
6. Mother's Maiden Name, Sommer.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Johan, Christian Seifert.
9. Father's Occupation Steamcutter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, F. M. Kanne (for the Mothers Relief Society)

Address, 1412 Eutaw Place

Remarks,

8 4 7 0 0 0 3 1 5 3

Every birth, shall cause notice thereof to be given to the Health Officer, of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82984

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall report the same to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black.
3. Date of Birth, May 17
4. Place of Birth, (Street and Number) Md General Hospital.
5. Full Name of Mother, Sadie Green
6. Mother's Maiden Name, Sadie Green
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, Wm. Jones.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl Hosp

Remarks,

8970003154

Wm. J. C. Dulany Co., City Printers and Stationers

1236]

# RETURN OF A BIRTH. 82985

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 17th 1897 |
| 4. Place of Birth, (Street and Number) | 514 South St |
| 5. Full Name of Mother, | Mary Veronica Norwood |
| 6. Mother's Maiden Name, | Johns |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | John Barney Norwood |
| 9. Father's Occupation | Stone Cutter |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Bouge |
| Address, | 711 W. Cross st |
| Remarks, | |

1897 0003155

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which occur in each family, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82986

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on this schedule, to be kept by him for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5th |
| 4. *Place of Birth, (Street and Number)* | 1716 N Carolina St. |
| 5. *Full Name of Mother,* | Rosamond J. Walker |
| 6. *Mother's Maiden Name,* | Rosamond Johnston |
| 7. *Mother's Birthplace,* | Topsham Vt. |
| 8. *Full Name of Father,* | Rev J Holmes Walker |
| 9. *Father's Occupation* | Minister of the Gospel |
| 10. *Father's Birthplace,* | Philadelphia Pa |
| *Name of Medical Attendant,* or other person who makes this Return. | L. W. Slater M.D. |
| *Address,* | |
| *Remarks,* | 8 9 7 0 0 0 1 3 5 6 W Fayette St |

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82987

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* — I

1. *Sex, (state whether male or female)* — Male
2. *Race or Color, (if not of the white race)* — White
3. *Date of Birth,* — May 5th
4. *Place of Birth, (Street and Number)* — 1-4-H
5. *Full Name of Mother,* — Lubia Kile
6. *Mother's Maiden Name,* — " "
7. *Mother's Birthplace,* — Md.
8. *Full Name of Father,* — Ed. Bauer
9. *Father's Occupation* — Laborer
10. *Father's Birthplace,* — Washington D. C.

*Name of Medical Attendant,* or other person who makes this Return, — Geo. W. Dobbin M.D.

*Address,* — The Johns Hopkins Hospital

*Remarks,*

8 9 7 0 0 0 3 1 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Schedule shall contain a list of the births which have occurred since the last return, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schetule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 82988

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under the care of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 8th. |
| 4. *Place of Birth, (Street and Number)* | J. H. H. |
| 5. *Full Name of Mother,* | Jennie B. Cyrus. |
| 6. *Mother's Maiden Name,* | " " C. |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Will Grimes. |
| 9. *Father's Occupation* | Teamster. |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin MD |
| *Address,* | The Johns Hopkins Hospital |
| *Remarks,* | |

8 9 7 0 0 0 3 1 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-29-65

# RETURN OF A BIRTH. 82989

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: Elinor M. O'Helan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 8. 1897
4. Place of Birth, (Street and Number) 215 Mosher St.
5. Full Name of Mother, Henrikka E. O'helan
6. Mother's Maiden Name, " " Mowinechel
7. Mother's Birthplace, Md.
8. Full Name of Father, Edmd. J. O'helan
9. Father's Occupation clerk
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave

Remarks,

8970003159

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82990

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 8th. |
| 4. *Place of Birth, (Street and Number)* | J. H. H. |
| 5. *Full Name of Mother,* | Lula Milton. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Isaac Lumber |
| 9. *Father's Occupation* | Farmer |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Geo W Dobbin M D |
| *Address,* | The Johns Hopkins Hospital |
| *Remarks,* | |

8970003160

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such Birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82991

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 11 th 1897
4. Place of Birth, (Street and Number) 513 Biddle
5. Full Name of Mother, Josephine Bright
6. Mother's Maiden Name, Josephine Price
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John Bright
9. Father's Occupation Laboring
10. Father's Birthplace, Montgomery County Maryland

Name of Medical Attendant, or other person who makes this Return, Curtis C. Stanley

Address, 609 Preston St.

Remarks,

8970003161

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82992

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 11th 1897
4. Place of Birth, (Street and Number) 216 Jasper St
5. Full Name of Mother, Eva Wilson
6. Mother's Maiden Name, Eva Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Hayes
9. Father's Occupation Laboring
10. Father's Birthplace, Alexandria

Name of Medical Attendant, or other person who makes this Return, Hunter Cotanner

Address, 502 Preston St

Remarks,

8970003162

Health. This section shall be construed to require that the full name of each child, (if any shall have been conferred) shall be ascertained the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. A2993

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* may 11th 1897
4. *Place of Birth, (Street and Number)* N Sticker Street 1507.
5. *Full Name of Mother,* Mollie Hennick
6. *Mother's Maiden Name,* Mollie Moore.
7. *Mother's Birthplace,* St Marys County
8. *Full Name of Father,* John Hennick.
9. *Father's Occupation* Street Sweeper.
10. *Father's Birthplace,* St Mary County
    *Name of Medical Attendant,* or other person who makes this Return, Jno M. O'Shea
    *Address,* 731 Cumberland St
    *Remarks,*

8970003163

Health. This schedule shall contain a list of the [illegible] with the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a physician or practioner of midwifery, or the person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately or thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 82994

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 12th
4. Place of Birth, (Street and Number) J. H. H.
5. Full Name of Mother, Laura Norris
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Wakeman Adams.
9. Father's Occupation Machine Tender.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. W. DeBoblais M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 7 0 0 0 3 1 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

92995

# RETURN OF A BIRTH. 82995

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 2.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth, and the full name of each parent, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child of the City of Baltimore, or should no other person or parents of such third day of each and every month to the office of the Commissioner of Health. In case the person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or practioner of midwifery, or shall occur without the attendance of a physician or practioner of midwifery, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May. 12, 18 |
| 4. *Place of Birth, (Street and Number)* | 655 W. Fayette st |
| 5. *Full Name of Mother,* | Mattie Bader |
| 6. *Mother's Maiden Name,* | Mattie Gabrie |
| 7. *Mother's Birthplace,* | Baltimor |
| 8. *Full Name of Father,* | Charles W. Bade |
| 9. *Father's Occupation* | Print Deale |
| 10. *Father's Birthplace,* | Baltimor |
| *Name of Medical Attendant, or other person who makes this Return,* | G. N. Slate |
| *Address,* | 1634 W. Fayette |
| *Remarks,* | 8970003165 |

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# RETURN OF A BIRTH. 82996

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1897
4. Place of Birth, (Street and Number) 822 W. Lombard St.
5. Full Name of Mother, Annie H. Kurtz
6. Mother's Maiden Name, Hana
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. J. Kurtz
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with Forceps.

8970003166

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 82997

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on page ... of the ... which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births

said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 14th 97. |
| 4. *Place of Birth, (Street and Number)* | 643 S. Paca St. |
| 5. *Full Name of Mother,* | Augusta Laspe |
| 6. *Mother's Maiden Name,* | " Schwarz |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | August Laspe |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | C. L. Mueller |
| *Address,* | 643 S. Paca St. |
| *Remarks,* | 8970003167 |

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82 998

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 15 - 5
4. *Place of Birth, (Street and Number)* Bowen St.
5. *Full Name of Mother,* Sadie E. Unsworth.
6. *Mother's Maiden Name,* Arnold.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John W. L. Unsworth
9. *Father's Occupation* Photographer
10. *Father's Birthplace,* ~~B~~ Virginia

*Name of Medical Attendant,* or other person who makes this Return, H. W. Webner M.D.

*Address,* 723 W. Lombard St.

*Remarks,* Native of Labor

8 9 7 0 0 0 3 1 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82999

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 15th of May 97.

4. Place of Birth, (Street and Number) 1931 Lemon St.

5. Full Name of Mother, Kathe Hübsche

6. Mother's Maiden Name, Kathe Emrich

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl C. B. Hübsche

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 N Pratt St

Remarks, 1 8 9 7 0 0 0 3 1 6 9

register of such births, and shall enter the name of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH $3000

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third (3d) |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16th May, 1897 |
| 4. *Place of Birth, (Street and Number)* | 219 S. Calhoun St. |
| 5. *Full Name of Mother,* | Ebary Florence Talbott |
| 6. *Mother's Maiden Name,* | Cadrigan |
| 7. *Mother's Birthplace,* | Ellicott City |
| 8. *Full Name of Father,* | Allen T. Talbott |
| 9. *Father's Occupation,* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | J. Mitchell M.D. |
| *Address,* | 16 S. Gilmor St. |
| *Remarks,* | Seven months child weighing three pounds |

register of such births. The said officer shall enter in the records of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 83001

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 13th of May 98. |
| 4. Place of Birth, (Street and Number) | 2218 Frederick Road |
| 5. Full Name of Mother, | Josephine Simon |
| 6. Mother's Maiden Name, | Josephine Heuber |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Christian Simon |
| 9. Father's Occupation | Brauer |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | Friederike Keuler midwife |
| Address, | 2116 W Pratt St |
| Remarks, | |

8970003171

register of such birth, and shall enter the same on such schedule, for every child born under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83002

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Fem
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* May 18-97
4. *Place of Birth, (Street and Number)* 418 E Pratt St
5. *Full Name of Mother,* Lina Becker
6. *Mother's Maiden Name,* Lina Koppel
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* D. Becker
9. *Father's Occupation,* merchant
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Chas. J. Blake M D

*Address,* 1503 E Balto St

*Remarks,*

8 9 7 0 0 0 3 1 7 2

Wm J C. Dulany Co., City Printers and Stationers.

...be ascertained the full name of each child, if any shall have ...as far as the same can be ascertained the full name of each child, if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 3003

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 18. '99.
4. *Place of Birth, (Street and Number)* 210 N. Preston.
5. *Full Name of Mother,* Alice Eugenia Snowden.
6. *Mother's Maiden Name,* Same.
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* George Squirrel
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Carroll Co.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd, Md. Gen. Hosp.

*Address,*

*Remarks,*

8970003173

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which shall have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth and the age of the mother, and shall be signed by the practitioner in attendance, or in case there was no practitioner in attendance, by the parent or parents of such child, or by the householder in whose house the birth occurred. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the Commissioner of Health, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 4-13-59

# RETURN OF A BIRTH. 83004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine E. Croppet

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th
4. Place of Birth, (Street and Number) J. H. H.
5. Full Name of Mother, Lucia Croppe.
6. Mother's Maiden Name, Lugan.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Croppe.
9. Father's Occupation Grain Trimmer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8970003174

register of such birth, and shall enter the same on Blanks furnished, to the Commissioner by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately before or hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83005

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4d |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 18 ad of May 97. |
| 4. *Place of Birth, (Street and Number)* | 648 W Lemman st |
| 5. *Full Name of Mother,* | Mary Ende |
| 6. *Mother's Maiden Name,* | Mary Ligon |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Julius Ende |
| 9. *Father's Occupation* | Foreman. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm Benze |
| *Address,* | 711 N. Gwyn st. |
| *Remarks,* | |

8970003175

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth occurs, to be furnished by the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the facts which have come to his knowledge, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other persons of such attendance report its birth to the Commissioner of Health, it shall become the duty of the person or practioner of midwifery attending upon the mother, immediately thereafter, in the manner and within the period above required, and child to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83006

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 19th 1897
4. *Place of Birth, (Street and Number)* 822 E. Oraw st.
5. *Full Name of Mother,* Lizzie Herrman
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Justina Herrman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return, Mrs L. Bernstein

*Address,* 122 S. Exeter st.

*Remarks,*

8970003176

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5/5/50

[1236.]

# RETURN OF A BIRTH. 83007

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Paul W. Edwards, Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 19, 1877.
4. Place of Birth, (Street and Number) 1412 W. 23d St.
5. Full Name of Mother, Katie Effie Blanche Edwards Humphreys
6. Mother's Maiden Name, Md.
7. Mother's Birthplace, Paul Wilburn Edwards.
8. Full Name of Father, Railroader.
9. Father's Occupation Va.
10. Father's Birthplace, Chas. H. Mitchell M.D.

Name of Medical Attendant, or other person who makes this Return, 291 Chestnut ave.

Address,

Remarks,

8970003177

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83008

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th day of May 97
4. *Place of Birth, (Street and Number)* Kraft Packing House
5. *Full Name of Mother,* Margaretta Hudson
6. *Mother's Maiden Name,* " Kelly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Carlos Hudson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return Jas E Gravell

*Address,* 65 E Fort Ave

*Remarks,*

8970003178

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a true statement of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after its birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83009

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 19-1897
4. Place of Birth, (Street and Number) 1916 Brunt St.
5. Full Name of Mother, Mamie Gardner
6. Mother's Maiden Name,
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Jaunde Paul
9. Father's Occupation Laborer
10. Father's Birthplace, Don't Know

Name of Medical Attendant, or other person who makes this Return, C. M. Cook

Address, 1052 Myrtle ave

Remarks,

8970003179

Baltimore under whose charge or superintendence a birth shall take place, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the full name and occupation of the father of any child born out of wedlock. In case the birth of any child been conferred) its sex, color, the full name and occupation of the father of any child born out of wedlock. In case the birth of any child been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83010

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of May
4. Place of Birth, (Street and Number) Rose Str 716
5. Full Name of Mother, Kunigunde Buttner
6. Mother's Maiden Name, Kunigunde Dimming
7. Mother's Birthplace, Germany
8. Full Name of Father, John Buttner
9. Father's Occupation Milkman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burkart

Address, 1011 Bouldin Str

Remarks.

8970003180

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The object of this return is to ascertain as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be set forth in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth person be in third day of each and every month to the office of a physician or practitioner of midwifery, or should no other person of such third day of each and every month to the office of midwifery, or should no other person or parents of such attendance of a physician or practitioner of midwifery, it shall become and thereafter it shall become and within the period above required, and attendance upon the mother, immediately after birth, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subchild to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83011

CERTIFICATE CORRECTED 11-29-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Naomi Gemmill

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 |
| 1. Sex, (state whether male or female) | ~~1~~ Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Nov 4th 19. 18. 27 |
| 4. Place of Birth, (Street and Number) | 3 Lemmon st No 3. 48 |
| 5. Full Name of Mother, | Cattie H Gemmill |
| 6. Mother's Maiden Name, | Cattie H Echo |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Robert E Gemmill |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs S Kelley |
| Address, | No 19.22 Wilkins Ave |
| Remarks, | |

8970003181

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is hereby called to the fact that the law requires that the Commissioner of Health shall keep a register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents. In case the birth of any child occurs without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately after it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83012

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ..... 4th

1. *Sex, (state whether male or female)* ..... Male

2. *Race or Color, (if not of the white race)* ..... Colored

3. *Date of Birth,* ..... June 14

4. *Place of Birth, (Street and Number)* ..... 1 [illegible]

5. *Full Name of Mother,* ..... [illegible]

6. *Mother's Maiden Name,* ..... [illegible]

7. *Mother's Birthplace,* ..... [illegible]

8. *Full Name of Father,* ..... [illegible]

9. *Father's Occupation* ..... Laborer

10. *Father's Birthplace,* ..... [illegible]

*Name of Medical Attendant,* or other person who makes this Return. ..... [illegible]

*Address,* ..... [illegible]

*Remarks,* .....

8970003182

**Health.** This schedule shall contain a list of the births within each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately hereafter it shall be the duty of the person or parents of such child to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83013

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | " |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 19th. |
| 4. *Place of Birth, (Street and Number)* | J. H. H. |
| 5. *Full Name of Mother,* | Ida Baldwin |
| 6. *Mother's Maiden Name,* | Ida Scott. |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | A. S. Baldwin |
| 9. *Father's Occupation* | farmer |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo. Dobbin M.D. |
| *Address,* | The Johns Hopkins Hospital |
| *Remarks,* | |

8970003183

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births within the city, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be required, and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83014

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 19. 99.
4. Place of Birth, (Street and Number) Md. Genl. Hosp
5. Full Name of Mother, Laura Burk.
6. Mother's Maiden Name, Same.
7. Mother's Birthplace, Pirdmont. W. Va.
8. Full Name of Father, Andrew Johnson.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Pirdmont. W. Va

Name of Medical Attendant, or other person who makes this Return, M. L. Todd M.D.

Address, Md. Genl. Hosp.

Remarks,

8970003184

Health. This schedule shall contain a list of the births which have occurred since the last report, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 5-12-59

83015

# RETURN OF A BIRTH

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Elsie Catherine Gettier First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 19th 1927 |
| 4. *Place of Birth, (Street and Number)* | 1426 S. Retreat St. |
| 5. *Full Name of Mother,* | Bratka Gettier |
| 6. *Mother's Maiden Name,* | " Sobat |
| 7. *Mother's Birthplace,* | Baltimore, Md |
| 8. *Full Name of Father,* | Elikta Gettier |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Manchester, Carroll Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E. G. Sloan M.D. |
| *Address,* | 1224 N. Monta ave. |
| *Remarks,* | |

8970003185

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the physician or practitioner in case the other person be in shall occur without the mother, immediately after it shall become the duty of the person or parents required, and attendance upon the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge of superintendence a birth occurs, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) and the sex, color, the date and place of birth, first and last name and occupation of its parents, the date and place of birth of any child been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83016

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 20 1897

4. *Place of Birth, (Street and Number)* 70 Bethune St

5. *Full Name of Mother,* Louisa Thomas

6. *Mother's Maiden Name,* Louisa Coates

7. *Mother's Birthplace,* Ditto.

8. *Full Name of Father,* Charles Coleman

9. *Father's Occupation* Butcher

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return. Dr. Charles St

*Address,*

*Remarks,*

8970003186

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall occur shall, within the time prescribed by the Commissioner of Health, to be furnished by the Commissioner of Health, to be furnished by the Commissioner of Health, to be furnished

1236]

# RETURN OF A BIRTH. 83018

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th of May 1897
4. Place of Birth, (Street and Number) 515 W. Lombard St
5. Full Name of Mother, Pauline Feder.
6. Mother's Maiden Name, Pauline Thorn.
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Feder.
9. Father's Occupation Caterer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barry

Address, 711 N. Eutaw St.

Remarks,

8970003188

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83019

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th May 1897
4. Place of Birth, (Street and Number) 1307 Clarkson St
5. Full Name of Mother, Kate Tyclock
6. Mother's Maiden Name, Kate Reynolds
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, William Tyclock
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1828 Light St

Remarks, Dang. Well

8970003189

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83020

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20. th. 1897
4. Place of Birth, (Street and Number) No. 332 Bond Ave.
5. Full Name of Mother, Annie Krider
6. Mother's Maiden Name, Knife
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Krider
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, none

8970003190

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83021

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 4/97 |
| 4. *Place of Birth, (Street and Number)* | 710 S Milton Ave |
| 5. *Full Name of Mother,* | Lizzie B. Shaffer |
| 6. *Mother's Maiden Name,* | Lizzie B. Becker Baltr |
| 7. *Mother's Birthplace,* | Alex. [illegible] B Shaffer |
| 8. *Full Name of Father,* | Car. Conductor |
| 9. *Father's Occupation* | Baltr |
| 10. *Father's Birthplace,* | A C Polk |
| *Name of Medical Attendant,* or other person who makes this Return, | 2038 Madison Av |
| *Address,* | |
| *Remarks,* | 8 + 7 0 0 0 3 1 9 1 |

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83022

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 7th 1897
4. Place of Birth, (Street and Number) 801 Franklin St Balto Md.
5. Full Name of Mother, Sarah V Ludwig ~~Ludwig~~
6. Mother's Maiden Name, " Bateman
7. Mother's Birthplace, Washington D C
8. Full Name of Father, William F Ludwig
9. Father's Occupation Presser
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M A Fidler

Address, 1004 N Eutaw St

Remarks,

8970003192

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83123

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of each householder in the said city during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 5 1897
4. Place of Birth, (Street and Number) 247 Jackson St Homestead
5. Full Name of Mother, Mary L Kampen
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Md
8. Full Name of Father, Lewis W Kampen
9. Father's Occupation agent
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J Lyons Westbrook M D

Address, 237 Gorsuch avenue

Remarks,

8970003193

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83024

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11 1897
4. Place of Birth, (Street and Number) 20 Gosnell avenue Homestead
5. Full Name of Mother, Kate M Kreitler
6. Mother's Maiden Name, George
7. Mother's Birthplace, Md
8. Full Name of Father, Charles L Kreitler
9. Father's Occupation Butcher
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Young Westbrook Md

Address, 237 Gosnell Ave

Remarks, 8970003194

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in person or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83025

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 12th of May
4. Place of Birth, (Street and Number) 2009 Oak St
5. Full Name of Mother, Marguerite Bunnen
6. Mother's Maiden Name, Heaffner
7. Mother's Birthplace, Maryland
8. Full Name of Father, Joseph Bunnen
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. M A Tolley

Address, 1004 West Lexington St

Remarks,

1 8 9 7 0 0 0 3 1 9 5

Health. This schedule shall contain a list of the births which have occurred under his or her supervision during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 6-5-57

# RETURN OF A BIRTH 83026

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Lillian Ida Thompson First |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 13th of May 1897 |
| 4. Place of Birth, (Street and Number) | 431 N Broadway |
| 5. Full Name of Mother, | Annie C Thompson |
| 6. Mother's Maiden Name, | C Winter |
| 7. Mother's Birthplace, | " Balto Md |
| 8. Full Name of Father, | J Charles Thompson |
| 9. Father's Occupation | Compositor |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | F. J. Cameron |
| Address, | 420 N Broadway |
| Remarks, | |

8970003196

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each family during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Physician or Practitioner in attendance, or if there be none, by the Midwife, or by the father or mother of the child, at the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the case the birth of any child the father or mother of such child to report its birth to the Commissioner of Health. In case the birth of any child shall become the duty of the person or parents of such to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83027

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 13 1854 |
| 4. *Place of Birth, (Street and Number)* | 29 Gough avenue Homestead |
| 5. *Full Name of Mother,* | Catherine Moore |
| 6. *Mother's Maiden Name,* | Knees |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Johns W Moore |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant, or other person who makes this Return,* | H. Hyams, Methuen M.D. |
| *Address,* | 237 Gough avenue |
| *Remarks,* | |

8970003197

Wm. J. C. Dulany Co., City Printers and Stationers.

(OVER)

# RETURN OF A BIRTH. 83028

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | ~~1st~~ 2nd Henry |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Hebrew |
| 3. *Date of Birth,* | ~~May~~ May 14/97 |
| 4. *Place of Birth, (Street and Number)* | 2418 McCulloh St |
| 5. *Full Name of Mother,* | Jennie Rosenberg |
| 6. *Mother's Maiden Name,* | Jennie Wilson |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Abraham Rosenberg |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | A. Cobb |
| *Address,* | 2038 Madison Av |
| *Remarks,* | 8970003198 |

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83029

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First —

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18th of May 1897

4. Place of Birth, (Street and Number) 127 N Durham

5. Full Name of Mother, Mary Lane

6. Mother's Maiden Name, Mary Hacker

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph E Lane

9. Father's Occupation Motorman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, F. J. Cameron

Address, 425 N Broadway

Remarks,

8970003199

Health. This schedule shall contain a list of the births which have occurred since the ... day of ... next preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83030

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, 28 May 1897
4. Place of Birth, (Street and Number) Gay St. extended Belair Road
5. Full Name of Mother, Mollie Harris
6. Mother's Maiden Name, as ab
7. Mother's Birthplace, Virginia
8. Full Name of Father, Philip Bates
9. Father's Occupation Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, A Buckley M.D.

Address, 907 E. 21st

Remarks,

8970003200

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83031

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NOTE. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th May 1897.
4. Place of Birth, (Street and Number) 10 CC Fayette Avenue.
5. Full Name of Mother, Christine Winterling.
6. Mother's Maiden Name, Bergman.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Konstantin Winterling
9. Father's Occupation Baker
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Lesemann

Address, 2922 Elliott st

Remarks,

8970003201

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83032

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 20th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2316 Eyerbridge Street |
| 5. *Full Name of Mother,* | Mathilde Matzdorf |
| 6. *Mother's Maiden Name,* | Berger |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Max Matzdorf |
| 9. *Father's Occupation* | Stevedore |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs H Kobes Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8970003202

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83033

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 21th May 97
4. Place of Birth, (Street and Number) 1253 Riverside Ave
5. Full Name of Mother, Annie Woods
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Woods
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E Jewell

Address, 650 E Fort Ave

Remarks,

8 9 7 0 0 0 3 2 0 3

Health. [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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16.]

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83034

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 21 '97
4. *Place of Birth, (Street and Number)* 1629 Orleans St.
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* " Finke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Miller
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1605 Walbert St

*Remarks,*

8 9 7 0 0 0 3 2 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83035

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 1st 1892 |
| 4. *Place of Birth, (Street and Number)* | 803 Bruce St. |
| 5. *Full Name of Mother,* | Katherine Hines |
| 6. *Mother's Maiden Name,* | Durand |
| 7. *Mother's Birthplace,* | Prince Edward Island |
| 8. *Full Name of Father,* | Salem Hines |
| 9. *Father's Occupation* | Farmer |
| 10. *Father's Birthplace,* | Prince Edward Island |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jefferson Burns |
| *Address,* | 1051 Augusta St |
| *Remarks,* | |

8970003205

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and place of birth and the occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or the person or parents of such attendance upon the mother, Commissioner of Health, no other person shall be required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable, in the

# RETURN OF A BIRTH. 83036

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 3rd 1897 |
| 4. Place of Birth, (Street and Number) | 432d Hickory Ave |
| 5. Full Name of Mother, | Sarah C. Doyle |
| 6. Mother's Maiden Name, | Lewis |
| 7. Mother's Birthplace, | Wilmington (Del) |
| 8. Full Name of Father, | Martin J. Doyle |
| 9. Father's Occupation | Insurance Agent |
| 10. Father's Birthplace, | Balto Co. Md. |
| Name of Medical Attendant, or other person who makes this Return, | Wm A Fassman M.D. |
| Address, | 102 Chestnut Ave |
| Remarks, | |

8970003206

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83037

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 2nd 97 |
| 4. Place of Birth, (Street and Number) | 1248 E Lan Ave |
| 5. Full Name of Mother, | Lucy C Wells |
| 6. Mother's Maiden Name, | " " Henderson |
| 7. Mother's Birthplace, | Howard Co. Md. |
| 8. Full Name of Father, | Jno. W. Wells |
| 9. Father's Occupation | Fireman on R.R. |
| 10. Father's Birthplace, | Howard Co. Md. |
| Name of Medical Attendant, or other person who makes this Return | Wm A Fordeman M.D. |
| Address, | #102 Chestnut Ave |
| Remarks, | |

8970003207

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child to the office of the Commissioner of Health. In case the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

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# RETURN OF A BIRTH. 83039

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 5 97 |
| 4. *Place of Birth, (Street and Number)* | 2133 E Lanvale |
| 5. *Full Name of Mother,* | Matilda Shipley |
| 6. *Mother's Maiden Name,* | Tovey |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | Thos E Shipley |
| 9. *Father's Occupation* | Labor in Cotton Mills |
| 10. *Father's Birthplace,* | Balto Co. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm H Feldeman M.D. |
| *Address,* | 1102 Chestnut Ave |
| *Remarks,* | |

8970003208

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.

# RETURN OF A BIRTH. 83039½

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1406 E Monument |
| 5. *Full Name of Mother,* | Margaret Busch |
| 6. *Mother's Maiden Name,* | " Bilzing |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jacob Bilzing Busch |
| 9. *Father's Occupation* | Lamp Lighter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr Jefferson Busch |
| *Address,* | 1051 Augusta St |
| *Remarks,* | |

8970003209

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Every birth which shall occur in Baltimore City, shall be reported to the Commissioner of Health, and it shall be the duty of the Physician or Midwife in attendance upon the mother, or of the father, or of the nearest relative present at the birth, or of the householder, or of the manager or superintendent of any institution where the birth occurs, to report to the Commissioner of Health, in the manner and within the period above required, the birth of each child, and the Commissioner of Health shall cause to be registered the name of each child born in Baltimore City, the name of its parents, their residence, the color of the parents, the date of birth, and the sex of the child. Every person required to report a birth shall state the full name which is to be given to the child, if the child is to be named, and if the child is not named at the time the report is made, the person reporting the birth shall report the name within ten days thereafter, if the child is then named. Every person who shall fail to report the birth of a child as required by this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every Physician, Midwife or other person having charge of any case of confinement shall, within the period above required, report to the Commissioner of Health the birth of any child which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83040

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 14th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16th May |
| 4. *Place of Birth, (Street and Number)* | 108 Chestnut Ave |
| 5. *Full Name of Mother,* | Annie R. Bell |
| 6. *Mother's Maiden Name,* | " " Naylor |
| 7. *Mother's Birthplace,* | Balto Co. Md. |
| 8. *Full Name of Father,* | Albert Bell |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Balto Co Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm A Feldman M.D |
| *Address,* | #102 Chestnut Ave |
| *Remarks,* | |

8970003210

Health. This schedule shall contain a list of the Births which have occurred since the last preceding Return, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83041

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Mildred C. Moore

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 18th 1897 |
| 4. Place of Birth, (Street and Number) | 2137 Wallbrook Ave |
| 5. Full Name of Mother, | Effie Moore |
| 6. Mother's Maiden Name, | Young |
| 7. Mother's Birthplace, | Balto Co |
| 8. Full Name of Father, | George Moore |
| 9. Father's Occupation | Bricklayer |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Chas E Scatter |
| Address, | 1839 Bolton St |
| Remarks, | |

8970003211

Health. This schedule SHALL contain a list of the births which have occurred in each family, and the full name of each child, if any shall have been born, since the last return; and if no birth has occurred, a return shall be made stating that fact. The return shall be made on the first day of each month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83042

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 18 1892
4. *Place of Birth, (Street and Number)* 611 Eutaw Ave.
5. *Full Name of Mother,* Bettie Shannon
6. *Mother's Maiden Name,* Bettie Matthews
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Samuel Shannon
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Annie Johnson

*Address,* 741 Eutaw St

*Remarks,*

8 9 7 0 0 0 3 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

*Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

[Form 1236.]

# RETURN OF A BIRTH. 83043

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 12th 1897 |
| 4. *Place of Birth, (Street and Number)* | 822 E Cross |
| 5. *Full Name of Mother,* | Annie McCloskey |
| 6. *Mother's Maiden Name,* | Annie Healy |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Michael McCloskey |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jefferson Burch |
| *Address,* | 1051 Morgan St |
| *Remarks,* | |

8970003213

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83044

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5-th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 20 - 97 |
| 4. *Place of Birth, (Street and Number)* | 409 Thadeus St |
| 5. *Full Name of Mother,* | Maggie Hassauer |
| 6. *Mother's Maiden Name,* | Busikis |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | August Busikis |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | C. L. Buddenbohn |
| *Address,* | 418 S. Paca St. |
| *Remarks,* | |

8970003214

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83045

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 21st 1897 |
| 4. *Place of Birth, (Street and Number)* | 834 N. Washington St |
| 5. *Full Name of Mother,* | Hanna Barnes |
| 6. *Mother's Maiden Name,* | Mary Mills |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jesse Barnes |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jeffries Brees |
| *Address,* | 1051 Augusta St |
| *Remarks,* | |

8970003215

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# RETURN OF A BIRTH. 83046

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 21 — |
| 4. *Place of Birth, (Street and Number)* | 1426 N Bello St |
| 5. *Full Name of Mother,* | Mrs Mary Rose Mahoney |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Bello |
| 8. *Full Name of Father,* | Mike Mahoney |
| 9. *Father's Occupation* | Foreman Factor Co |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E. E. Ulrich |
| *Address,* | 11 N Carey St |
| *Remarks,* | |

8970003215

Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83047

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 21
4. *Place of Birth, (Street and Number)* 305 N Carrollton Ave
5. *Full Name of Mother,* Mrs Ida Brown Hinson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Fred Hinson
9. *Father's Occupation* Engineer Supt
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, E. D. Ellinwood

*Address,* 11 N Carey St

*Remarks,*

8970003217

register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth and occupation of the father, and the maiden name of the mother. Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83048

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21st. 1897
4. Place of Birth, (Street and Number) 527 Baker st.
5. Full Name of Mother, Mrs. Fannie Bernhard
6. Mother's Maiden Name, Hartzell
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ferdinand Bernhard
9. Father's Occupation, Driver for Express Co.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

8970003218

Wm J C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 83049

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Haug.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 7th |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | White Race |
| 3. Date of Birth, | Friday May 21st. 1897 |
| 4. Place of Birth, (Street and Number) | 508 Campbell St |
| 5. Full Name of Mother, | Frederika Haug |
| 6. Mother's Maiden Name, | Frederika Dannenmeier |
| 7. Mother's Birthplace, | Hohenstauffen Germany |
| 8. Full Name of Father, | Jacob Haug |
| 9. Father's Occupation | Clerk |
| 10. Father's Birthplace, | Ulm, Germany |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Bongo |
| Address, | 711 Lowe st |
| Remarks, | GIVEN NAME ADDED. 7-14-53 |

8 9 7 0 0 4 0 7 3 2 1 9

register of such Births and shall send the same to the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #3050

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in each family, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 22 1897
4. Place of Birth, (Street and Number) 101 N. Gay St
5. Full Name of Mother, Sarah Bowie
6. Mother's Maiden Name, Bowie
7. Mother's Birthplace, Savannah, Ga.
8. Full Name of Father, Ernest Bowie
9. Father's Occupation Planter
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, Wm. H. Delaney M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970003220

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83051

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. Every birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 22 1897 |
| 4. *Place of Birth, (Street and Number)* | 5-12 S Bethel st |
| 5. *Full Name of Mother,* | Maggie Eastman |
| 6. *Mother's Maiden Name,* | Raines |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jacob Eastman |
| 9. *Father's Occupation* | Stable Boss |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | M D Davenport |
| *Address,* | 2024 E Monument |
| *Remarks,* | Doing well |

8970003221

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred within the city since the last date to which returns have been made, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83052

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 22.
4. *Place of Birth, (Street and Number)* Md Genl. Hosp.
5. *Full Name of Mother,* Martha Stepney.
6. *Mother's Maiden Name,* Jane.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Harry Jones.
9. *Father's Occupation* Hostler.
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* Dr. W. L. Todd

*Address,* Md. Genl. Hosp

*Remarks,* 8970003222

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83053

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday May 22nd 1897
4. Place of Birth, (Street and Number) 1815 N. Patterson Park ave
5. Full Name of Mother, Elizabeth Davidson
6. Mother's Maiden Name, Elizabeth Dirschner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert B. Davidson.
9. Father's Occupation Salesman.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs M Foster

Address, # 1600 E. Lanvale St.

Remarks,

8970003223

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a true record of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

[illegible] 1236.]

Baltimore [illegible] furnished by the Commissioner of [illegible] to be furnished by the Commissioner of Health. This schedule shall be filled out in the manner indicated on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83054

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Th (May 1897
4. *Place of Birth, (Street and Number)* 2032 Marshall ave
5. *Full Name of Mother,* Alice Virginia Harrison
6. *Mother's Maiden Name,* Alice Virginia Greenholtz
7. *Mother's Birthplace,* Frederick Co Md
8. *Full Name of Father,* John Henry Harrison
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co Md

*Name of Medical Attendant,* or other person who makes this Return, E A Brooks

*Address,* 1828 Light St

*Remarks,* Doing Well

8 9 7 0 0 0 3 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83055

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond ~~Milford~~ Sherman

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Tenth |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | May 22 - 97 |
| 4. Place of Birth, (Street and Number) | 5044 E Biddle |
| 5. Full Name of Mother, | Sarah W. Sherman |
| 6. Mother's Maiden Name, | " " Gross |
| 7. Mother's Birthplace, | Phila Pa |
| 8. Full Name of Father, | Geo W. Sherman |
| 9. Father's Occupation | Plumber |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary A. Allwell |
| Address, | 1438 W Bond St |
| Remarks, | |

8970003225

Health. This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83056

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 22 - 97.

4. Place of Birth, (Street and Number) 464 Lloyd Street

5. Full Name of Mother, Annie Ducker Bode

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jacob Ducker

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca st.

Remarks, 8970003226

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in each district during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83057

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 22 — 1897
4. *Place of Birth, (Street and Number)* 1430 Division St
5. *Full Name of Mother,* Manuella Thomas
6. *Mother's Maiden Name,* Manuella Guzman
7. *Mother's Birthplace,* Alabama
8. *Full Name of Father,* Roderick Rains Thomas
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Alabama

*Name of Medical Attendant,* or other person who makes this Return Mrs Johnson

*Address,* 704 Tyson St.

*Remarks,* 8970003227

Wm. J. C. Dulany Co., City Printers and Stationers.

...rths which have occurred under his ... the births which have occurred under his ... a list of the births which have occurred under his ... Health. This schedule shall contain a list of the births which have occurred under his ... of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83058

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May the 22. 18-97 |
| 4. *Place of Birth, (Street and Number)* | Mc henrey 4 d 2 000.9 |
| 5. *Full Name of Mother,* | Caroline E marley |
| 6. *Mother's Maiden Name,* | Caroline E Leathers |
| 7. *Mother's Birthplace,* | Fredrick C. M.D |
| 8. *Full Name of Father,* | William E Marley |
| 9. *Father's Occupation* | Drover |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs S Kelley |
| *Address,* | 19. 22 Wilkins Av |
| *Remarks,* | |

8 9 7 0 0 0 3 2 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health ... the same can be ascertained, the name of child, if any, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83059

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | May 22 - 97 |
| 4. Place of Birth, (Street and Number) | 1825 E Biddle |
| 5. Full Name of Mother, | Lillie V. Neumeyer |
| 6. Mother's Maiden Name, | " " Scott |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | Fred. W. Neumeyer |
| 9. Father's Occupation | Printer |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary A. Aldwell |
| Address, | 1438 N Bond St |
| Remarks, | |

8 9 7 0 0 0 3 2 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The child's name can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83060

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. Sex, (state whether male or female) Female Mark Eleanora Agnes Reinig
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22/97
4. Place of Birth, (Street and Number) 1510 Carlton av.
5. Full Name of Mother, Mary E. Reinig
6. Mother's Maiden Name, " " Butler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Reinig
9. Father's Occupation Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S Bway

Remarks, 8970003230

Wm. J. C. Dulany Co., City Printers and Stationers.

regard to each birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

1236.]

# RETURN OF A BIRTH. 83061

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 & 4th |
| 1. *Sex, (state whether male or female)* | Boy & Girl (Twins) |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 113 N Castle Street |
| 4. *Place of Birth, (Street and Number)* | May 22nd 1897 |
| 5. *Full Name of Mother,* | Madgarethe Lonkarn |
| 6. *Mother's Maiden Name,* | Lunkardt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Lonkarn |
| 9. *Father's Occupation* | Wheelwright |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs H Kazon Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | 8970003231 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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births which have occurred under his or her care during the
register of such births, and shall contain a list of the births which have occurred under his or her care during the
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner or midwife, at the office of the Commissioner of Health, within the period above required, and
third day of each and every month to the Commissioner of Health, in the manner and within the period above required, and
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or practitioner it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83062

GIVEN NAME ADDED 8-7-56 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Baby~~ Name: Effie Grace Balderston

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 7. |
| 1. Sex, (state whether male or female) | Female. |
| 2. Race or Color, (if not of the white race) | White. |
| 3. Date of Birth, | May 23, 1897. |
| 4. Place of Birth, (Street and Number) | 2811 Cedar ave. |
| 5. Full Name of Mother, | Martha J. Balderston. |
| 6. Mother's Maiden Name, | Coffin. |
| 7. Mother's Birthplace, | Delaware. |
| 8. Full Name of Father, | Edward W. Balderston. |
| 9. Father's Occupation | Cotton Mill operative. |
| 10. Father's Birthplace, | Ind. |
| Name of Medical Attendant, or other person who makes this Return | Chas. H. Nicholls M.D. |
| Address, | 291 Chestnut ave. |
| Remarks, | |

8 9 7 0 0 0 3 2 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82063

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 3 1897

4. *Place of Birth, (Street and Number)* 192 Sutter ave city

5. *Full Name of Mother,* Fanny M Peace Hicks

6. *Mother's Maiden Name,* Baltimore City

7. *Mother's Birthplace,* George W Peace

8. *Full Name of Father,* Emmett Hicks

9. *Father's Occupation* Laborer Baltimore

10. *Father's Birthplace,* Co

*Name of Medical Attendant, or other person who makes this Return,*

*Address,* Martha E King 1 Hickory ave city

*Remarks,* 575 Hickory Sale

8970003233

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name, sex, color, and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

336.]

# RETURN OF A BIRTH. 83064

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 th May 1897
4. Place of Birth, (Street and Number) 72 E Hamburg st
5. Full Name of Mother, Mary Rogers
6. Mother's Maiden Name, Mary Pearce
7. Mother's Birthplace, Ireland
8. Full Name of Father, William E Rogers
9. Father's Occupation Boatman C & C R
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Doing Well

8970003234

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83065

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 23d 1897
4. *Place of Birth, (Street and Number)* 557 W. Pressman St.
5. *Full Name of Mother,* Catherine M. Shanks.
6. *Mother's Maiden Name,* " Coyne
7. *Mother's Birthplace,* Balto. City Md.
8. *Full Name of Father,* Charles W. Shanks.
9. *Father's Occupation* Salesman.
10. *Father's Birthplace,* Penn.

*Name of Medical Attendant, or other person who makes this Return.* R. J. N. Tall, M.D.

*Address,* 1204 Madison Ave.

*Remarks,* 8970003235

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83066

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 23rd.

4. Place of Birth, (Street and Number) J. H. H.

5. Full Name of Mother, Pearl Virginia Brown

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Pa.

8. Full Name of Father, Howard Green

9. Father's Occupation Student

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8 9 7 U 0 0 3 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83067

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The above form is to be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | T |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 23 1901. |
| 4. *Place of Birth, (Street and Number)* | J. H. H. |
| 5. *Full Name of Mother,* | Annie Anderson |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Geo Harrison |
| 9. *Father's Occupation* | Farmer |
| 10. *Father's Birthplace,* | U S |
| *Name of Medical Attendant, or other person who makes this Return* | Geo W Dobbin M D |
| *Address,* | The Johns Hopkins Hospital. |
| *Remarks,* | |

8970003237

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83068

GIVEN NAME ADDED 3-21-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rhoda Magdalene Lindeman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 23 d 1897
4. Place of Birth, (Street and Number) 1106 E. Hanover str.
5. Full Name of Mother, Katie Lindemann
6. Mother's Maiden Name, K. Reichart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Lindemann
9. Father's Occupation druggist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie E. Galwitzer M.D.

Address, 725 Mulberry street

Remarks,

8 9 7 U 0 0 3 2 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to make this return, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83069

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 23.
4. *Place of Birth, (Street and Number)* Md. Genl. Hosp.
5. *Full Name of Mother,* Maggie Fay.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* North Carolina.
8. *Full Name of Father,* George Smith.
9. *Father's Occupation* Waiter.
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* M. L. Todd M.D.

*Address,* Md Genl Hosp

*Remarks,*

8970003239

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Health. This schedule shall contain a list of the births which have occurred since the ... day of ... last, (if any shall have been omitted) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or the person or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83070

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 May
4. Place of Birth, (Street and Number) 14 Poultney
5. Full Name of Mother, Louisa M. Burke
6. Mother's Maiden Name, Louisa M. Wollrab
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry J. Burke
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Lynch

Address, 700 Leadenhall St.

Remarks,

84700003240

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83071

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st May
4. Place of Birth, (Street and Number) 1512 Eastern st
5. Full Name of Mother, Catherine Ginsell
6. Mother's Maiden Name, Catherine Lanar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Ginsell
9. Father's Occupation Labour
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs Bruce

Address, 1600 N Wolfe st

Remarks,

8 9 7 0 0 0 3 2 4 1

Health. This schedule shall contain a list of the births which have occurred in each house in each block, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color,

# RETURN OF A BIRTH. 83072

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 23d '97
4. Place of Birth, (Street and Number) 1430 Garrett avnue
5. Full Name of Mother, Hedwig Voelkel
6. Mother's Maiden Name, H. Weiss.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Voelkel
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Amalie Boecker.

Address, 1339 Hull Sts.

Remarks, 8970003242

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. B3073

GIVEN NAME ADDED, 3/17/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Warfield Reynolds

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 24 May 1897 |
| 4. *Place of Birth, (Street and Number)* | 1004 Scott st |
| 5. *Full Name of Mother,* | Katie Reynolds |
| 6. *Mother's Maiden Name,* | Benner |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Harry Reynolds |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bange |
| *Address,* | 711 N. Broadst. |
| *Remarks,* | |

8970003243

register of such birth, and shall enter the same on the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. D3074

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ..... 5th.

1. *Sex, (state whether male or female)* ..... male

2. *Race or Color, (if not of the white race)* ..... white

3. *Date of Birth,* .....

4. *Place of Birth, (Street and Number)* .....

5. *Full Name of Mother,* .....

6. *Mother's Maiden Name,* .....

7. *Mother's Birthplace,* .....

8. *Full Name of Father,* .....

9. *Father's Occupation* .....

10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other person who makes this Return. .....

*Address,* .....

*Remarks,* .....

1897000 3244

register of such birth, and shall enter the same therein. And the said Commissioner shall cause to be kept a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the register of such birth, and shall enter the same in a book to be kept for that purpose. Every such return of a birth shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83075

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,* [illegible]

*Remarks,*

8970003245

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83076

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 24. May.
4. Place of Birth, (Street and Number) Garrison Lane Baltimore.
5. Full Name of Mother, Lizzie Margheim
6. Mother's Maiden Name, Lizzie Fischbath.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, J. Henry. Margheim.
9. Father's Occupation Instrument Maker.
10. Father's Birthplace, Germany. Katherine Hirsch

Name of Medical Attendant, or other person who makes this Return, 500 Leadenhall St.

Address,

Remarks,

8970003246

Wm. J. C. Dulany Co., City Printers and Stationers.

register of the births, which shall contain a list of the births which have occurred since the last report of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83077

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24. May 1897
4. *Place of Birth, (Street and Number)* 132 Fort Av.
5. *Full Name of Mother,* Annie Keith
6. *Mother's Maiden Name,* " Dieroth
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Keith
9. *Father's Occupation* Bakery
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Catherine Flinn M.

*Address,* 801 Lee Lexington St.

*Remarks,*

1897 00 03247

**Health.** This schedule shall contain a list of the births within the precincts under the charge of the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83078

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third Child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 24th of May 1897 |
| 4. Place of Birth, (Street and Number) | Baltimore Ind Ward 168 Carey St |
| 5. Full Name of Mother, | Carrie Mitchell |
| 6. Mother's Maiden Name, | " Elden. |
| 7. Mother's Birthplace, | Baltimore. |
| 8. Full Name of Father, | John E Mitchell |
| 9. Father's Occupation, | Carpenter. |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary Koenig. |
| Address, | # 414 S. Stricker St. Baltimore Ind |
| Remarks, | Mother and Child are doing well. |

8 7 7 0 0 0 3 2 4 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83079

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Harry ~~F~~ Sander.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24. May 1897.
4. Place of Birth, (Street and Number) 835 Lendenhall St. Balto.
5. Full Name of Mother, Lizzie Sander
6. Mother's Maiden Name, " " Troepke
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Sander
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hinds

Address, 835 Lendenhall St.

Remarks,

1897 0003249

**Health.** This schedule shall contain a list of the births which ... the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of ... In case the birth of any child third day of each and every month to the office of the Commissioner of Health, should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the ... period above required, and child to report its birth to the Commissioner of Health, in the manner and within the ... of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions ... forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and

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# RETURN OF A BIRTH. 83080

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 24th 1897
4. Place of Birth, (Street and Number) 263 N. Eden st.
5. Full Name of Mother, Dora Adler
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Adler
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

8970003250

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-14-57

# RETURN OF A BIRTH. 83081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mathilda Emma ~~Elizabeth~~ Otto

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24th 1897
4. Place of Birth, (Street and Number) No. 412 N. Bradford Street
5. Full Name of Mother, Anna Otto
6. Mother's Maiden Name, Anna Leininger
7. Mother's Birthplace, Germany
8. Full Name of Father, William Otto
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Hands

Address, 115 N. Bradford St.

Remarks, — — —

8970003251

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife, and every person who shall hereafter act as nurse, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83082

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 4th 1897 |
| 4. *Place of Birth, (Street and Number)* | Cooper Place No 131 |
| 5. *Full Name of Mother,* | Minny E. Wolf |
| 6. *Mother's Maiden Name,* | Minny E. Ursfelt |
| 7. *Mother's Birthplace,* | ~~Europe~~ Europe |
| 8. *Full Name of Father,* | George L Wolf |
| 9. *Father's Occupation* | Segar maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | mrs S Kelly |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | |

8 9 7 0 0 0 3 2 5 2

Health. This schedule shall contain a list of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83 083

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 3.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th 24th May 1883

4. Place of Birth, (Street and Number) No 12 7th Wilson Ct

5. Full Name of Mother, Mary Dowling

6. Mother's Maiden Name, Mary Gallagher

7. Mother's Birthplace, Ireland

8. Full Name of Father, Simon Dowling

9. Father's Occupation Gutterman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs C. Lawes

Address, No 1957 Harford Ave

Remarks, Ref Mrs

1883

8 7 7 0 0 0 3 2 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of each parent, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83084

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Letter

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 24 1897
4. Place of Birth, (Street and Number) Guilford # 702
5. Full Name of Mother, Carrie E. Tilden
6. Mother's Maiden Name, Carrie Hite
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lee Tilden
9. Father's Occupation, Mason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Louise Lange

Address, 622 Sarah Ann #

Remarks,

8970003254

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83085

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d &c.) | 2nd |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 25 - 97 |
| 4. Place of Birth, (Street and Number) | 1104 N. Bond st. |
| 5. Full Name of Mother, | Elizabeth Lehman |
| 6. Mother's Maiden Name, | Elizabeth Bashnagel |
| 7. Mother's Birthplace, | N.G. |
| 8. Full Name of Father, | John Lehman |
| 9. Father's Occupation | Police Officer |
| 10. Father's Birthplace, | Balto Md |
| Name of Medical Attendant, or other person who makes this Return | Charles K.A. Meyer M.D. |
| Address, | 1323 N. Caroline st. |
| Remarks, | |

8 9 7 0 0 0 3 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83086

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | May 26 97 |
| 4. *Place of Birth, (Street and Number)* | 204 Tennessee |
| 5. *Full Name of Mother,* | Carrie A. Elfink |
| 6. *Mother's Maiden Name,* | " Burris |
| 7. *Mother's Birthplace,* | Wilmington N. C |
| 8. *Full Name of Father,* | Joseph Elfink |
| 9. *Father's Occupation* | Mariner |
| 10. *Father's Birthplace,* | Wilmington N. C |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allwell |
| *Address,* | 1438 N. Bond St |
| *Remarks,* | |

8970003256

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH, 8307

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | negro |
| 3. *Date of Birth* | May 25 1897 |
| 4. *Place of Birth, (Street and Number)* | 1618 Riggs ave |
| 5. *Full Name of Mother* | Mary Morris |
| 6. *Mother's Maiden Name* | " Goode |
| 7. *Mother's Birthplace* | North Carolina |
| 8. *Full Name of Father* | Luther L. Morris |
| 9. *Father's Occupation* | upholsterer |
| 10. *Father's Birthplace* | Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | W M Lewis MD |
| *Address* | 1220 Linden ave |
| *Remarks* | |

8970003257

Health. This schedule shall contain a list of the births [illegible] the full name of each child, if any shall have been named; the sex, color, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth of each; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner or other in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83088

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 22th 1892

4. *Place of Birth, (Street and Number)* 145 David Hill Ave

5. *Full Name of Mother,* Gabella Turner

6. *Mother's Maiden Name,* Gabella Howard

7. *Mother's Birthplace,* Pardue Co. Va.

8. *Full Name of Father,* Comie Willard Turner

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Pardue Co Va

*Name of Medical Attendant,* or other person who makes this Return, Mrs Annie Johnson

*Address,* 704 Tyson St

*Remarks,*

8970003258

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. P3089

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 May 1897
4. Place of Birth, (Street and Number) 1729 Hanover St
5. Full Name of Mother, Rosia Linderman
6. Mother's Maiden Name, Rosia Rode
7. Mother's Birthplace, Balto Md
8. Full Name of Father, August L W Linderman
9. Father's Occupation Brakeman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dang well

8 9 7 0 0 0 3 2 5 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83090

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th May 97
4. Place of Birth, (Street and Number) 1401 Hillman St
5. Full Name of Mother, Annie L Glashoff
6. Mother's Maiden Name, a Thomas
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter F Glashoff
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Thos E Gewell

Address, 1500 E Hoart Ave

Remarks,

8970003260

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule must contain a true statement of the name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83091

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25th 1896
4. Place of Birth, (Street and Number) 649 Baltimore St.
5. Full Name of Mother, Sarah Schapiro
6. Mother's Maiden Name, " Sesshes
7. Mother's Birthplace, Russia
8. Full Name of Father, William Schapiro
9. Father's Occupation, Cutter,
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jos. Y. Feldman

Address, 1013 E. Lombard St.

Remarks,

8970005261

register of such birth, and shall enter the same on a blank furnished, for the purpose, by the Registrar, under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83092

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank Schedules, to be furnished by the Registrar, in the order of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 26. 1897 |
| 4. *Place of Birth, (Street and Number)* | 1122 Stockton str |
| 5. *Full Name of Mother,* | Pauline Lauer. |
| 6. *Mother's Maiden Name,* | F. Kase |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Frederick Lauer |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Marie E. Balwitzer M.D |
| *Address,* | 725 Mulberry street |
| *Remarks,* | |

8970003262

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83093

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2409 McCulloh St |
| 5. *Full Name of Mother,* | Annie Holland |
| 6. *Mother's Maiden Name,* | Murphy |
| 7. *Mother's Birthplace,* | Balto Co |
| 8. *Full Name of Father,* | Jacob L Holland |
| 9. *Father's Occupation* | Merchant Tr |
| 10. *Father's Birthplace,* | Shrewsbury Pa |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas E Latterner |
| *Address,* | |
| *Remarks,* | |

8 9 7 U 0 0 3 2 6 3

This schedule shall contain a list of the births which have occurred since the ... day of ... 18.. in the case of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case there be no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83094

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, ~~&c.~~) | 3rd |
| 1. Sex, (~~state whether~~ male ~~or female~~) | Male |
| 2. Race or Color, (~~if not of the white race~~) | White |
| 3. Date of Birth, | May 26th 1897 |
| 4. Place of Birth, (Street and Number) | 1136 N. Carey St |
| 5. Full Name of Mother, | Lydia G Dorsey |
| 6. Mother's Maiden Name, | Lydia G Appleby |
| 7. Mother's Birthplace, | Baltimore city, Md |
| 8. Full Name of Father, | William H Dorsey |
| 9. Father's Occupation | Sales-man |
| 10. Father's Birthplace, | Baltimore City, Md. |
| Name of Medical Attendant, or other person who makes this Return, | Theodore Cooke M.D. |
| Address, | 914 N. Charles St |
| Remarks, | |

8970003264

Health. This schedule shall contain a true statement of the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section

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# RETURN OF A BIRTH. #3095

GIVEN NAME ADDED 8-8-62

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Milton H. Erdman

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3?

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 26th 1917
4. *Place of Birth, (Street and Number)* 1524 Clifton St.
5. *Full Name of Mother,* Annie F. Erdman
6. *Mother's Maiden Name,* " " Harwood
7. *Mother's Birthplace,* York Co. Va.
8. *Full Name of Father,* Millard F. Erdman
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, E. G. Stone M.D.

*Address,* 1224 W. North ave.

*Remarks,*

8970003265

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 3-27-57

# RETURN OF A BIRTH. 83096

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

William Edward Willett

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~Willett~~

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th Jany 1897
4. *Place of Birth, (Street and Number)* 1505 William St
5. *Full Name of Mother,* Fannie Willett
6. *Mother's Maiden Name,* Fannie Shadrick
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Willett
9. *Father's Occupation* Shipcarpenter
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, E A Brooks

*Address,* 1828 Light St

*Remarks,* Doing Well

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register of such birth, and shall enter the same on the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of marriage of its parents, and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83097

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Nov 26 1897 |
| 4. *Place of Birth, (Street and Number)* | 2412 E Baltimore St |
| 5. *Full Name of Mother,* | Emma C Birkle |
| 6. *Mother's Maiden Name,* | Heath |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Conrad Birkle |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mc Feaerson |
| *Address,* | 2024 E Baltimore St |
| *Remarks,* | assisted by Dr Goldenberg |
| | Dr Lee all Well |

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month, and shall set forth as far as the same can be ascertained the full name of child; the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83098

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 27, 1897
4. Place of Birth, (Street and Number) 203 S Exeter, Balto.
5. Full Name of Mother, Sarah Goldstein
6. Mother's Maiden Name, Sarah Levy
7. Mother's Birthplace, Russian Poland
8. Full Name of Father, Harry Goldstein
9. Father's Occupation Clerk
10. Father's Birthplace, London, England

Name of Medical Attendant, or other person who makes this Return, J. C. Stephenson, M.D.

Address, 214 S. Exeter St.

Remarks,

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GIVEN NAME ADDED 9-2-58

# RETURN OF A BIRTH. 83099

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Mae Shelton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1877
4. Place of Birth, (Street and Number) 1813 Lancaster St
5. Full Name of Mother, Margt A Shelton
6. Mother's Maiden Name, Margt Hasanee
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edward Shelton
9. Father's Occupation Sea faring man
10. Father's Birthplace, Somerset County Md

Name of Medical Attendant, or other person who makes this Return, Mary Engel Harold

Address, 1726 Eastern Ave East Md

Remarks,

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Register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83100

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, May 27/57
4. Place of Birth, (Street and Number) 1414 Druid
5. Full Name of Mother, Barbara Kaiser Günther
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany.
8. Full Name of Father, Jno G H Kaiser
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, A Christmann

Address, 152 W Biddle

Remarks,

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register of such birth, and shall enter the same therein. The Board of Health shall cause to be printed blank forms of schedules for the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236

# RETURN OF A BIRTH. 83201

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27th of May 1897.
4. Place of Birth, (Street and Number) 1227 Hart st.
5. Full Name of Mother, Rosi Jaschek.
6. Mother's Maiden Name, Sobeckowiak
7. Mother's Birthplace, Germany.
8. Full Name of Father, Josep Jaschek.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Asst P Liesmann

Address, 2922 Ellicott st.

Remarks,

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register of such birth, and shall enter the same in a book to be kept for that purpose. Every midwife who shall have been employed in any case of birth shall report the same under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83102

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 27th 1897
4. Place of Birth, (Street and Number) No: 716 Fiedrick Ave Annex
5. Full Name of Mother, Addie Kratz
6. Mother's Maiden Name, Addie Nicklesan
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Edward Kratz
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return Mrs Helena Thomas.

Address, No: 512 Fiedrick Ave ~~Mrs Helena Thomas~~

Remarks,

6 9 7 U 0 0 3 3 7 2

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Register of births. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83103

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race)

3. Date of Birth, 27th of May.

4. Place of Birth, (Street and Number) No. 38 E. Eager st

5. Full Name of Mother, Ella Howell

6. Mother's Maiden Name, Lawder.

7. Mother's Birthplace, Washington

8. Full Name of Father, George Howell.

9. Father's Occupation J Barber

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E. Monument st.

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83104

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 27 1897
4. *Place of Birth, (Street and Number)* 410 Eastern Ave.
5. *Full Name of Mother,* Susie Lee
6. *Mother's Maiden Name,* Susie Conrad
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Wm Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return Dr. [illegible]

*Address,* 527 S. Exeter St.

*Remarks,*

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Health. This schedule shall contain a list of the births which have occurred in each family during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83105

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | May 2/97 |
| 4. *Place of Birth, (Street and Number)* | 2819 N. Fulton Av. |
| 5. *Full Name of Mother,* | Mrs Thos. Regan |
| 6. *Mother's Maiden Name,* | Annie L. Collins |
| 7. *Mother's Birthplace,* | Pennsylvania |
| 8. *Full Name of Father,* | Thos. Regan |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant, or other person who makes this Return,* | E. A. Smith M.D. |
| *Address,* | 2531 Penna Av. |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred in the house in the last month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83166

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Female 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | May 4/97 |
| 4. *Place of Birth, (Street and Number)* | 1501 Clifton St. |
| 5. *Full Name of Mother,* | Mrs Thos. Lutz |
| 6. *Mother's Maiden Name,* | Emma Crebs |
| 7. *Mother's Birthplace,* | Carroll Co. Md. |
| 8. *Full Name of Father,* | Thomas Lutz |
| 9. *Father's Occupation* | Grocer |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | E. A. Smith M.D. |
| *Address,* | 2531 Penna. Ave. |
| *Remarks,* | |

8970003275

**Health.** This schedule shall contain a list of the births which have occurred since the ... day of ... last preceding the date hereof, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83107

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | May 7/97 |
| 4. *Place of Birth, (Street and Number)* | 2823 E. Fueton Ave. |
| 5. *Full Name of Mother,* | Mrs Frid. A Mormann |
| 6. *Mother's Maiden Name,* | Ida Scott |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Frederick A. Mormann |
| 9. *Father's Occupation* | Upholsterer |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | C. A. Friel M.D. |
| *Address,* | 258, Penna. Ave |
| *Remarks,* | |

8970003277

**Health.** This schedule shall contain a list of the births which have occurred since the ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83108

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | May 7/97 |
| 4. *Place of Birth, (Street and Number)* | 1553 Clifton St. |
| 5. *Full Name of Mother,* | Mrs Jas. R. Santmyer |
| 6. *Mother's Maiden Name,* | Laura V. Cover |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | James R. Santmyer |
| 9. *Father's Occupation* | Engineman |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other person who makes this Return, | C. A. Smith M.D. |
| *Address,* | 2529 Penna. Ave. |
| *Remarks,* | |

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register of such birth, and shall also file with the same such list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83109

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, May 11/97

4. Place of Birth, (Street and Number) 2004 Ridgewood Ave.

5. Full Name of Mother, Mrs Alex. Carroll

6. Mother's Maiden Name, Nellie McDevitt

7. Mother's Birthplace, Ireland

8. Full Name of Father, Alex Carroll

9. Father's Occupation Laborer

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, E. Schmid M.D.

Address, 2531 Penna. Ave

Remarks,

8970003279

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Section 3. This schedule shall contain a list of the births which have occurred during the month next preceding the date of the same, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83110

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15 1897
4. Place of Birth, (Street and Number) 1407 W. Baltimore St
5. Full Name of Mother, Bertha L. Earheart
6. Mother's Maiden Name, Bertha L. Collins
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Robt. H. Earheart
9. Father's Occupation, Plasterer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Dr. Thos. Tolbell.

Address, 1357 Hillsdale St.

Remarks,

WM J C DULANY CO CITY PRINTERS AND STATIONERS

8 9 7 0 0 0 3 2 8 0

the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83111

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) male child
2. Race or Color, (if not of the white race) White child
3. Date of Birth, May 21st 1897
4. Place of Birth, (Street and Number) Garrett ave near Quaker lane
5. Full Name of Mother, Ella Hoffman
6. Mother's Maiden Name, Ella Bentz
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry Hoffman
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Margret Winkel

Address, No. 7 Frisby st City annex

Remarks,

8 9 7 0 0 0 3 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore ... and shall enter the same ... which have occurred, ... of such birth, and shall contain a list of the births which have occurred, ... register of such birth; and the ... Health, and shall set forth as far as the full name and occupation ... month, and shall) its sex, color, the ... been conferred) shall be delivered, ... said schedule shall be ... third day of each and ... shall occur without the ... attendance upon the ... child to report its birth ... any such person or ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred, (if any shall have been registered) since the date of the last preceding return, and the full name of each child, (if any shall have been named) the name of its parents, the date and place of birth; and the ... shall be ascertained the full name of each child, (if any shall have been named) the name of its parents, the date and place of birth; and the ... as the same can be ascertained by the practitioner in the form of a certificate between the first and ... In case the birth of any child ... he is ... Commissioner of Health. ... should no other person of such ... physician or practitioner ... become the duty of the ... period above required, and ... thereafter it shall be ... manner and within the ... provisions of this section shall be ... Health, in the ... with the ... Commissioner fail to comply with the ... hereafter ...

# RETURN OF A BIRTH. 83112

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 27th 1897
4. Place of Birth, (Street and Number) 924 N. Chester St
5. Full Name of Mother, Addie E. McLanahan
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert McLanahan
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary McDaboney M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8 9 7 0 0 0 3 2 8 2

Health. This schedule shall contain a list of the births which ... the full name of each child, (if any shall have ... month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

register of such birth, and shall enter the same in a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon the mother, in the absence of a physician or practitioner of midwifery, or should no other duty of the person or parents of such child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83113

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 27 1897
4. Place of Birth, (Street and Number) 214 S. Wolfe St.
5. Full Name of Mother, Agnes Noah Hardacker
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Frank Noah
8. Full Name of Father, Laborer
9. Father's Occupation Baltimore
10. Father's Birthplace, Mary Stein

Name of Medical Attendant, or other person who makes this Return,

Address, 1427 E. Pratt St.

Remarks,

8970003283

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Form 1236

# RETURN OF A BIRTH. 83114

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 27th 97 |
| 4. *Place of Birth, (Street and Number)* | 806 N. Bond st. |
| 5. *Full Name of Mother,* | Genevieve C. Walz |
| 6. *Mother's Maiden Name,* | C. C. Feldpusch |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | George W. Walz |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Charles H. A. Meyer M.D. |
| *Address,* | 1033 N. Caroline st. |
| *Remarks,* | |

8970003284

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

# RETURN OF A BIRTH. 83115

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | III |
| 1. *Sex, (state whether male or female)* | twins male. |
| 2. *Race or Color, (if not of the white race)* | Black. |
| 3. *Date of Birth,* | May. 27. |
| 4. *Place of Birth, (Street and Number)* | 9. E N A. |
| 5. *Full Name of Mother,* | Annie Scott. |
| 6. *Mother's Maiden Name,* | Brooks. |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | Alex Scott. |
| 9. *Father's Occupation* | Cook. |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo. Dobbins Jr. |
| *Address,* | The Johns Hopkins Hospital |
| *Remarks,* | |

8 9 7 0 0 0 3 2 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Second Section of the Ordinance requires that the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83116

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 27/97 |
| 4. *Place of Birth, (Street and Number)* | 1718 Gough St. |
| 5. *Full Name of Mother,* | Anna Hertel |
| 6. *Mother's Maiden Name,* | Anna Bach |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Henry Hertel |
| 9. *Father's Occupation* | Brick Maker |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return,* | R. W. Mansfield M.D. |
| *Address,* | 129 S. Broadway |
| *Remarks,* | |

8 9 7 0 0 0 3 2 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Building under which, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, at the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should the person or parents of such third day of each and every month to the office of the Commissioner of Health. It shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY FILM

# RETURN OF A BIRTH. 83117

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 27 th 1897

4. Place of Birth, (Street and Number) No 1131 Light St.,

5. Full Name of Mother, Sarah Kraft.

6. Mother's Maiden Name, Sarah Ex Kensliner

7. Mother's Birthplace, Baltimore,

8. Full Name of Father, John Kraft.

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No 14 W. Cross St.,

Remarks,

8970003287

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in charge, at the office of the Commissioner of Health, on the third day of each and every month to a physician or practitioner in the form of a certificate the birth of any child shall occur without the attendance of such physician or practitioner, or should no other person in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF [redacted] BIRTH. 83118

GIVEN NAME ADDED 5/19/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Theresa O. Mielke nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 28th 1897
4. Place of Birth, (Street and Number) 4— Eighth St
5. Full Name of Mother, Emelie Mielke
6. Mother's Maiden Name, Emelie Schalk
7. Mother's Birthplace, Prussia Germany
8. Full Name of Father, William Mielke
9. Father's Occupation farmer
10. Father's Birthplace, Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave annex

Remarks,

8 9 7 0 0 0 3 2 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Registrar of such District, who shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83119

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Quad in the

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* 908 N Chesapeake St

5. *Full Name of Mother,* Kate Mills

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,* [illegible]

*Remarks,* [illegible]

6 7 7 0 0 0 3 2 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

registrar of vital statistics, Board of Health, Baltimore City. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83120

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, May 28th 1897
4. Place of Birth, (Street and Number) 1508 Kenneth st
5. Full Name of Mother, Laura Catherine Breighner
6. Mother's Maiden Name, Laura Catherine Stotler
7. Mother's Birthplace, Morgan Co. W. Va.
8. Full Name of Father, Francis Xavier Breighner
9. Father's Occupation Mill Hand
10. Father's Birthplace, York Co. Pa

Name of Medical Attendant, or other person who makes this Return, Wm. M. D. Stoltzfus

Address, 731 Cumberland av. C

Remarks,

1897 0003290

Health. — It is hereby made the duty of the father of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blanks scheduled, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83121

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 of May
4. Place of Birth, (Street and Number) Forster Avenue 2402
5. Full Name of Mother, Rafina Dores
6. Mother's Maiden Name, Rosina Frantner
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Dores
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burkart

Address, 1011 Bouldin Ste

Remarks,

8 9 7 0 0 0 3 2 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

36.)

# RETURN OF A BIRTH. 83122

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Lee Collingsworth Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Oneu

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 28th 1897

4. Place of Birth, (Street and Number) 121 E Hamburg St

5. Full Name of Mother, Annie Collingsworth

6. Mother's Maiden Name, Annie Klemm

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Robert Lee Collingsworth

9. Father's Occupation Clerk

10. Father's Birthplace, Alexander Va

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1828 Light St

Remarks, Twins Well

8 4 7 0 0 0 3 2 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any case of birth shall cause the full name of each child, if any shall have been ascertained, as far as the same can be ascertained, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, fully signed by the practitioner, to the office of the Commissioner of Health. In case the other person be in third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83123

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 28 — 1897 |
| 4. *Place of Birth, (Street and Number)* | York Road below Towsontown |
| 5. *Full Name of Mother,* | Kate McKewan |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | Wm. McKewan |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | Edwin K. Ballard M.D. |
| *Address,* | |
| *Remarks,* | |

8970003293

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83124

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, 28 May 97

4. Place of Birth, (Street and Number) 322 Bolton St

5. Full Name of Mother, Ida Lucas

6. Mother's Maiden Name, Small

7. Mother's Birthplace, Va

8. Full Name of Father, John Lucas

9. Father's Occupation Laborer

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, D. Bayley M.D.

Address, 307 E 25th

Remarks,

8970003294

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of such birth, and shall enter the same on blank schedules, to be furnished to the [illegible] of the care during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain the name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner of Health. In case the birth of any child been conferred) its sex, color, the full name by the practitioner of Health. should no other person of such

# RETURN OF A BIRTH. 83125

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, May the 29 1883
4. Place of Birth, (Street and Number) Lee st No 222
5. Full Name of Mother, Ellen Tabrer
6. Mother's Maiden Name, Ellen Jackson
7. Mother's Birthplace, Oxford
8. Full Name of Father, William Tabrer
9. Father's Occupation labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [redacted] Jane Thamiron

Address, No 626 North Howard st

Remarks, 7 months

8970003295

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of Health, in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83126

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 29th 1897
4. Place of Birth, (Street and Number) 1714 Caroline Street
5. Full Name of Mother, Kate Lonegan
6. Mother's Maiden Name, Kate Washington
7. Mother's Birthplace, Caroline County Md
8. Full Name of Father, Washington Lonegan
9. Father's Occupation, Laborer
10. Father's Birthplace, Caroline Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Henry

Address, 1809 Linden Ave

Remarks,

8970003294

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83127

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 day May 1897
4. *Place of Birth, (Street and Number)* 1115 East Chase Street
5. *Full Name of Mother,* Emma Goetz
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Diez Henry Goetz
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Catherina Linde

*Address,* 500 Leadenhall St.

*Remarks,*

8970003297

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1230.]

# RETURN OF A BIRTH. 83158

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 May
4. Place of Birth, (Street and Number) 618 Yorkbrook St
5. Full Name of Mother, Barbara Farber
6. Mother's Maiden Name, Barbara Fladung
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William M. Farber
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith Medonica

Address, 1417 E Eager St.

Remarks,

8970003298

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83129

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 29 91 |
| 4. *Place of Birth, (Street and Number)* | 1136 Homewood Ave |
| 5. *Full Name of Mother,* | Annie Kehoe |
| 6. *Mother's Maiden Name,* | " Vondersmith |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Jno J Kehoe |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | J. H. Robinson MD. |
| *Address,* | 1316 E Fort Ave |
| *Remarks,* | |

8970003299

Health. This schedule shall contain a list of the names of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83130

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Children

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 29 May 1897

4. Place of Birth, (Street and Number) 1 Booth St 1941

5. Full Name of Mother, Matilda Drucker

6. Mother's Maiden Name, Matilda Brawner

7. Mother's Birthplace, Charles County Md.

8. Full Name of Father, Joseph Drucker

9. Father's Occupation Laborer

10. Father's Birthplace, Charles Co Md.

Name of Medical Attendant, or other person who makes this Return, Carline Gullen

Address, 1066 Rabung St Balto M.D

Remarks, Mom all Fwell

8970003300

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83131

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the christian and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the said name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 29th 1897
4. Place of Birth, (Street and Number) 2120 E Monument St
5. Full Name of Mother, Margaret Giuliana
6. Mother's Maiden Name, Orrus
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Guy Giuliana
9. Father's Occupation Shoemaker
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dulany M.D.

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8470003301

Wm. J. C. Dulany Co., City Printers and Stationers.

rths which have occurred under his o[illegible] the births which have
register of such births shall contain a list of the births which have occurred under his o[illegible] the births which have
Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83/32

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* [illegible]
3. *Date of Birth,* Mar 20 1897
4. *Place of Birth, (Street and Number)* 2[illegible] Fairmount
5. *Full Name of Mother,* Margaret Dunegan
6. *Mother's Maiden Name,* Margaret Cook
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward Dunegan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Delany & Dunegan [illegible] Eastern Ave.

*Address,*

*Remarks,*

8970003302

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83133

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30 1857
4. *Place of Birth, (Street and Number)* 53 Jackson st Homestead
5. *Full Name of Mother,* Susie Lehman
6. *Mother's Maiden Name,* Joud
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles H Lehman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, H. Young Westbrook 2nd

*Address,* 237 Gunsch Avenue

*Remarks,*

8970003303

Wm. J. C. Dulany Co., City Printers and Stationers.

The above birth, and shall enter the same on blank schedules to be furnished to her care during the register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83134

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same or cause the same to be entered under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | No. 2118 Eastern Ave |
| 5. *Full Name of Mother,* | Jennie Swingler. |
| 6. *Mother's Maiden Name,* | Jennie Earscheidt |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Henry Swingler |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Anna Lenz midwife |
| *Address,* | 1539 Aliceanna Street |
| *Remarks,* | |

8970003304

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83135

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 30. 97.
4. Place of Birth, (Street and Number) Md Genl. Hosp.
5. Full Name of Mother, Cora Ettenington.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Anderson
9. Father's Occupation Sailor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Genl. Hosp.

Remarks,

8970003305

Wm. J. C. Dulany Co., City Printers and Stationers

The Board of Health shall contain a list of the births which have occurred under its jurisdiction, and the Health. This schedule shall contain a list of the births which have occurred under its jurisdiction, if any shall have month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83136

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, May 30, '97.

4. Place of Birth, (Street and Number) Arlington Ave Govans

5. Full Name of Mother, Minnie Ehrle

6. Mother's Maiden Name, " Hoffmeyer

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Fred. Theile

9. Father's Occupation Jeweler

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1105 Walker St

Remarks,

8 7 7 0 0 0 3 3 0 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Baltimore City, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health, on the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child become liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

GIVEN NAME ADDED 9-13-56

# RETURN OF ~~A~~ BIRTH. 83137

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Rose Tyler ~~Will~~ 1st |
| 1. Sex, (state whether male or female) | F. |
| 2. Race or Color, (if not of the white race) | W. |
| 3. Date of Birth, | 1011 W. Lanvale St. (2) |
| 4. Place of Birth, (Street and Number) | 30 May 1897 (1) |
| 5. Full Name of Mother, | Nora E. Will. |
| 6. Mother's Maiden Name, | Tyler. |
| 7. Mother's Birthplace, | Baltimore, Md. |
| 8. Full Name of Father, | Geo. K. Will. |
| 9. Father's Occupation | Bookkeeper. |
| 10. Father's Birthplace, | Gettysburg, Pa. |
| Name of Medical Attendant, or other person who makes this Return, | J. F. Engle M. D. |
| Address, | 1007 W. Lanvale |
| Remarks, | |

8970003307

register of such births, and shall enter the same therein. Every birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practicioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83138

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 1809 Eastern Ave |
| 4. *Place of Birth, (Street and Number)* | May 30th 1897 |
| 5. *Full Name of Mother,* | Bertha Nordbrock |
| 6. *Mother's Maiden Name,* | Jacobs |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Ernst Nordbrock |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. H. Brown, Midwife |
| *Address,* | 1922 E. Fayette Street |
| *Remarks,* | |

8 9 7 0 0 0 3 3 0 8

**Health.** This schedule shall contain a list of the births which have occurred in the family of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83139

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30' 97
4. Place of Birth, (Street and Number) 125 N. Wolfe St.
5. Full Name of Mother, Theresa Banasch Saffer
6. Mother's Maiden Name, Balto Md
7. Mother's Birthplace, August Banasch
8. Full Name of Father, Labor work
9. Father's Occupation Balto Md
10. Father's Birthplace, Caroline Miller
    Name of Medical Attendant, or other person who makes this Return, 1600 Walker St
    Address,
    Remarks,

8 9 7 U 0 0 3 3 0 9

Baltimore under a fine of ten (10) dollars for each offence. On blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or person in attendance upon the mother, immediately thereafter, it shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83140

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 14.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 30. / 9. 45. P. M.
4. Place of Birth, (Street and Number) 1536. Argyle Street.
5. Full Name of Mother, Eleanore Trageser,
6. Mother's Maiden Name, Sommer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Heinrich Adam Trageser,
9. Father's Occupation Tailor,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaund / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970003310

Health. This schedule shall contain a list of the births which have occurred since the last report, with the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83147

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | May 30 97 |
| 4. Place of Birth, (Street and Number) | 704 E. Eager |
| 5. Full Name of Mother, | Emma Wendel |
| 6. Mother's Maiden Name, | " Hausch |
| 7. Mother's Birthplace, | Md |
| 8. Full Name of Father, | Adolph Wendel |
| 9. Father's Occupation | Hay Packer |
| 10. Father's Birthplace, | Md |
| Name of Medical Attendant, or other person who makes this Return, | J. H. Robinson MD |
| Address, | 736 E. Preston St |
| Remarks, | |

8970003311

register of such birth, and shall enter the same on blanks, which will be furnished him for that purpose, to be kept under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83142

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30th '97
4. *Place of Birth, (Street and Number)* 1305 Andre Sts.
5. *Full Name of Mother,* Adelina Aamodt
6. *Mother's Maiden Name,* Ad. Pantew
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Svendt Aamodt
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Norwegean.

*Name of Medical Attendant,* or other person who makes this Return, Amalie Boecker.

*Address,* 1339 Hull Sts.

*Remarks,*

8 9 7 0 0 0 3 3 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

register of each birth, which shall contain a list of the births which have occurred under his or her care, which shall have been conferred; its sex, color, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately hereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which shall have occurred in each family during the month next preceding the date of the return, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83143

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | 202 Hickory ave Hampden |
| 5. *Full Name of Mother,* | Alice Young |
| 6. *Mother's Maiden Name,* | Alice Miller |
| 7. *Mother's Birthplace,* | Baltimore County. |
| 8. *Full Name of Father,* | William Young. |
| 9. *Father's Occupation* | Rail Roader. |
| 10. *Father's Birthplace,* | Baltimore County. |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr Harry C. Algire |
| *Address,* | 516 - 5th Ave Hampden |
| *Remarks,* | |

8 4 7 U 0 0 3 3 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83144

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. Every birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 20th

4. Place of Birth, (Street and Number) Bruce St Galveston

5. Full Name of Mother, Rosetta Nash

6. Mother's Maiden Name, Rosetta Hughes

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Henry Nash

9. Father's Occupation Labor

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return,

Address, Jane Warren 1424 Bruce St

Remarks,

8970003314

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83145

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. Every birth occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

No. of Child of Mother, (state whether 1st, [redacted])

1. Sex, (state whether [redacted] or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sunday May 30 1897
4. Place of Birth, (Street and Number) 1644 Clarkson St
5. Full Name of Mother, Maggie A Mortimer
6. Mother's Maiden Name, Maggie A Pieppoth
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, John A Mortimer
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Catherine Hinsch

Address, 502 Leadenhall St

Remarks,

8 9 7 U 0 0 3 3 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83146

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 30. th 1897
4. *Place of Birth, (Street and Number)* 43 Belair Ave.
5. *Full Name of Mother,* Mary Dollinger
6. *Mother's Maiden Name,* " Kentzel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dollinger
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Wilhelmina Schmidt

*Address,* No. 7 Mine Bank Lane

*Remarks,* none

8970003316

Wm J. C. Dulany Co., City Printers and Stationers.

(Copies of these forms will contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83147

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible]

4. Place of Birth, (Street and Number) #1306 W. Franklin St.

5. Full Name of Mother, Elizabeth Rasch

6. Mother's Maiden Name, Chesley

7. Mother's Birthplace, Maryland

8. Full Name of Father, William F. Rasch

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Ridgely Hammond M. D.

Address, #502 N. Carey St.

Remarks,

8970003317

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83148

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 30 97
4. *Place of Birth, (Street and Number)* Sudbrook Md
5. *Full Name of Mother,* Laura Hamblin
6. *Mother's Maiden Name,* Ellis
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Johann Imhoff
9. *Father's Occupation* Work B-C
10. *Father's Birthplace,* Baltimore County Md

*Name of Medical Attendant,* or other person who makes this Return, Johanna Jonas

*Address,* Garrett Island Md

*Remarks,*

8970003318

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under its observation during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83149

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 30th 1897
4. *Place of Birth, (Street and Number)* 1539 E Fayette st.
5. *Full Name of Mother,* Stephanie Bernolak
6. *Mother's Maiden Name,* Kowalewska
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Josef Bernolak
9. *Father's Occupation,* bookkeeper
10. *Father's Birthplace,* Vienna

*Name of Medical Attendant,* or other person who makes this Return, Dr John Vassalli

*Address,* 1735 W. Pratt st.

*Remarks,*

8970003319

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the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83150

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 31 '97
4. *Place of Birth, (Street and Number)* 1510 N. Register St
5. *Full Name of Mother,* Emma E. Nemmeister
6. *Mother's Maiden Name,* " Fleming
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frantz Nemmeister
9. *Father's Occupation* "Barber
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1605 Walker St

*Remarks,*

8 9 7 0 0 0 3 3 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

...schedule, to be furnished by the Commissioner of ... register of such birth, and shall enter the same on blank schedules ... which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: This schedule shall contain a list of the births which have occurred under the care of such physician or practitioner in ... Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the following particulars, viz: the full name of each child, (if any shall have been conferred) the date and place of birth; and the full name of its parents, the date and place of birth; and the occupation of its father; which said schedule shall be delivered, duly signed by the practitioner in ... certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83151

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 May 1883
4. Place of Birth, (Street and Number) 734 S. Bond Ste.
5. Full Name of Mother, Katie Hardesty
6. Mother's Maiden Name, Mach
7. Mother's Birthplace, Pole
8. Full Name of Father, John Hardesty
9. Father's Occupation Workingman
10. Father's Birthplace, Pole.

Name of Medical Attendant, or other person who makes this Return, Ossy Tutt.

Address, 838 S. Bond Ste.

Remarks, Baltimore Md. City

8 9 7 0 0 0 3 3 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a true statement of the information required to be ascertained the full name of each child, the sex, color, the month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-1-59

# RETURN OF A BIRTH 83152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Louise Marie Leinbach 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 31st 1897
4. Place of Birth, (Street and Number) 637 W. Pratt st
5. Full Name of Mother, Louise Leinbach
6. Mother's Maiden Name, Louise Smith
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Geo Leinbach Jr
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Mrs M A Ledley

Address, 1004 W. Lexington St

Remarks,

8970003322

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which ... the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the ... ascertained the full name and occupation of its parents, the date and place of the first and ... of a certificate between of any child ... practitioner in the form ... In case the birth of any child ... be in the office of the ... person or practitioner ... Commissioner of Health, or should no other person of such ... practicuer of midwifery, of the person or parents, and ... shall become the duty, of the period above required, and ... shall occur without the attendance of a physician or ... thereafter it shall ... the mother, immediately thereafter ... the manner and within ... of this section shall be ... attendance upon its birth to the Commissioner of Health, in ... child to report its ... hereafter fail to comply with the provisions ... any such person or persons who shall ... for each offence, to be recovered as other fines and forfeitures are recoverable. ... jected to the fine often (10) dollars for each offence, to be ...

RM 1236.]

# RETURN OF A BIRTH. 83153

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5-th |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | May 29-97 |
| 4. *Place of Birth, (Street and Number)* | 1332 N Fremont Ave. |
| 5. *Full Name of Mother,* | Anna ~~Smith~~ Hoeffner |
| 6. *Mother's Maiden Name,* | " Smith |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | John Hoeffner |
| 9. *Father's Occupation* | Huckster |
| 10. *Father's Birthplace,* | Balto. Md |
| *Name of Medical Attendant, or other person who makes this Return,* | Charles H. Bubert, |
| *Address,* | 1928 Penna Ave |
| *Remarks,* | |

8 4 7 4 0 0 3 3 2 3

SECTION 7.—And be it further enacted that a birth shall hereafter take place, shall keep a true account of all births which shall hereafter take place, shall keep a true account of all births which shall hereafter take place, shall keep a true account of all births which

# RETURN OF A BIRTH. 83154

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | May 17th |
| 4. *Place of Birth, (Street and Number)* | 320 Hamburg St |
| 5. *Full Name of Mother,* | Susan Berry |
| 6. *Mother's Maiden Name,* | Tony |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Wm Berry |
| 9. *Father's Occupation,* | Sailor |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr. Hatchett |
| *Address,* | 609 Campbell |
| *Remarks,* | |

8 9 7 0 0 0 3 3 2 4

Baltimore. Each such birth, and shall enter the same in a register of such births which have occurred under his jurisdiction. Each such schedule shall contain a list of the births which have occurred under his jurisdiction since the date of the last preceding return, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of the physician or practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83155

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall send the same to the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~Feb~~ ~~[illegible]~~ 30th May
4. Place of Birth, (Street and Number) 1304 Bayard 9th
5. Full Name of Mother, Mary Gaines
6. Mother's Maiden Name, Hall Wilson
7. Mother's Birthplace, Howard County
8. Full Name of Father, Robert Gaines
9. Father's Occupation Barber
10. Father's Birthplace, Essex Virginia

Name of Medical Attendant, or other person who makes this Return, Isabella Matthews

Address, 1847 Stockholm Street

Remarks,

8970883325

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83156

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 31st.

4. Place of Birth, (Street and Number) 815 Retina St.

5. Full Name of Mother, Eliza Edwards

6. Mother's Maiden Name, Eliza Tanker

7. Mother's Birthplace, Va

8. Full Name of Father, Edward Edwards

9. Father's Occupation, Laborer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Samuel Ratchett

Address, 609 Campbell St

Remarks,

1847000033266

Health. This section was passed for the purpose of ascertaining the full name and place of birth; and the same can be ascertained only from the parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained only from the parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83157

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 1897 |
| 4. *Place of Birth, (Street and Number)* | 8 S. Washington Ave |
| 5. *Full Name of Mother,* | Ida Derrick |
| 6. *Mother's Maiden Name,* | " Rogers |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | William Derrick |
| 9. *Father's Occupation* | Cook |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Deisenhofer |
| *Address,* | 2226 Lough Ave |
| *Remarks,* | |

8470003327

**Health.** This Schedule shall be filled out as far as the same can be ascertained, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in attendance, or in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately or should no other person be in child to report its birth to the Commissioner of Health, or should no other person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83158

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Boy Gustav Slater
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2 97
4. *Place of Birth, (Street and Number)* 2531 Eastern Ave.
5. *Full Name of Mother,* Maggie Slater
6. *Mother's Maiden Name,* n. Wunderling
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Gus. Slater
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Wm. Eisenhofer

*Address,* 2225 Gough St.

*Remarks*

8970003328

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of all the children born of each mother, and the full name of each child shall be ascertained the full name of each child; and the Health. This schedule shall contain a list of all the children born of each mother; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, Commissioner of Health, or should no other person of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83159

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | May 5 97 |
| 4. *Place of Birth, (Street and Number)* | 603 S. Collington Ave. |
| 5. *Full Name of Mother,* | Louisa Kirwan |
| 6. *Mother's Maiden Name,* | Horn |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Fred. Kirwan |
| 9. *Father's Occupation* | Captain |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Deisenhofer |
| *Address,* | 2225 Gough St. |
| *Remarks,* | |

8 9 7 0 0 0 3 3 2 9

Health. This schedule shall contain a true statement of each birth as far as the same can be ascertained the full name of each child, the sex, color, date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83160

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 6th 97
4. *Place of Birth, (Street and Number)* 13 S. Durham Str.
5. *Full Name of Mother,* Louisa Preller
6. *Mother's Maiden Name,* Bittner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Preller
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Wm. Deisenhofer

*Address,* 2225 Gough St.

*Remarks,*

1 8 9 7 0 0 0 3 3 3 0

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...births which have occurred under his ... each child, (if any shall have ... full name of each child; and the ... date and place of birth; and the ... parents, the date and place of birth; and the ... ascertained as far as the same can be ... occupation of its parents, the date and place of birth; and the ... practitioner in the form of a certificate between the first and ... of the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person of such ... er it shall become the duty of the person or parents of such ... alth, in the manner and within the period above required, and ... attendance upon the mother, immediately thereafter it shall be ... l to comply with the provisions of this section shall be sub- ... to be recovered as other fines and forfeitures are recoverable.

...of such birth, and shall enter the ... register of such births which have occurred under his ... Health. This schedule shall contain a list of the births ... month, and shall set forth as far as the same can be ascer- ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practi- ... third day of each and every month to the office of the C ... shall occur without the attendance of a physician or prac- ... attendance upon the mother, immediately thereafter it sh ... child to report its birth to the Commissioner of Health, in ... any such person or persons who shall hereafter fail to com- ... jected to the fine of ten (10) dollars for each offence, to be r...

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83161

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 897
4. *Place of Birth, (Street and Number)* 106 Market Place
5. *Full Name of Mother,* Vetta Jadwisky
6. *Mother's Maiden Name,* Kolesnick
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hirman Jadwinsky
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, E. Silberman

*Address,* 42 Albemarle St.

*Remarks,*

8 9 7 0 0 0 3 3 3 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83230

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* may twenty ninth
4. *Place of Birth, (Street and Number)* 1343 Carroll
5. *Full Name of Mother,* Eliza Lecompsey
6. *Mother's Maiden Name,* Eliza Abson
7. *Mother's Birthplace,* Jamaica Jamaica County Ind
8. *Full Name of Father,* Wesley Lecompsey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Sullivan Co. Ind

*Name of Medical Attendant,* or other person who makes this Return, Grace Harris

*Address,* 818 Lockwood Street

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stati

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83231

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 1st, 1897.
4. *Place of Birth, (Street and Number)* 105 Broad Alley
5. *Full Name of Mother,* Rachel Immerman
6. *Mother's Maiden Name,* " Weinberg.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Isaac Immerman
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

*Name of Medical Attendant, or other person who makes this Return,* Mrs. H. Feldman

*Address,* 1136 Lombard St.

*Remarks,* Sore eyes / Sore Eyes

1 9 7 0 0 3 3 3 3

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...ber of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of ...ealth. This schedule shall contain a list of the births which have occured under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 83232

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, June 1st 97
4. Place of Birth, (Street and Number) 356 N Calvert St.
5. Full Name of Mother, Julia Cavanaugh
6. Mother's Maiden Name, Julia Sullivan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Unknown
9. Father's Occupation Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, Geo. W. Mitchell M.D.

Address, 913 N. Broadway.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83233

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1 day of June
4. Place of Birth, (Street and Number) 1049 S. Howard st.
5. Full Name of Mother, Bertie Handy
6. Mother's Maiden Name, Single
7. Mother's Birthplace, Cambridge
8. Full Name of Father, Hyman Johnson
9. Father's Occupation Laboring work
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum alley between Hanover and Green

Remarks,

8970003335

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83234

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 1st. 1897.
4. Place of Birth, (Street and Number) 1226 Penn St. Balto Md
5. Full Name of Mother, Barbara Detzer.
6. Mother's Maiden Name, Barbara Kuckuman.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Peter Detzer.
9. Father's Occupation Butcher.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mary A Fuller

Address, 1411 Pittsburg Pk. Ave Balto Md.

Remarks,

8 9 7 U 0 0 3 3 3 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each parent's full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83235

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 1st 1897
4. *Place of Birth, (Street and Number)* 861 W Watts Alley
5. *Full Name of Mother,* Kate Wilson
6. *Mother's Maiden Name,* Kate Roberts
7. *Mother's Birthplace,* Princeville Eastern Shore Md
8. *Full Name of Father,* Louis R. Wilson
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Smithfield Virginia

*Name of Medical Attendant,* or other person who makes this Return, Lorrsa Lane

*Address,* 622 Sarah Ann St Baltimore Md

*Remarks,*

8 9 7 0 0 3 3 3 7

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83236

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Third |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 1st. |
| 4. Place of Birth, (Street and Number) | #306 Ducan St. |
| 5. Full Name of Mother, | Mary Smith |
| 6. Mother's Maiden Name, | Mary Snyder |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | William Smedth |
| 9. Father's Occupation, | Moulder |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | Mary A. Pertner |
| Address, | 241 B. Chester st |
| Remarks, | |

1897 0003338

Wm J C. Dulany Co., City Printers and Stationers.

33.]

# RETURN OF A BIRTH. 83337

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Philip Wiefenbach

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | June 1 97 |
| 4. Place of Birth, (Street and Number) | 1629 N. Eldersley St |
| 5. Full Name of Mother, | Emma Wiefenbach |
| 6. Mother's Maiden Name, | Hoffebert |
| 7. Mother's Birthplace, | Balto Md |
| 8. Full Name of Father, | Henry Wiefenbach |
| 9. Father's Occupation | Printer |
| 10. Father's Birthplace, | Balto Md |
| Name of Medical Attendant, or other person who makes this Return, | Caroline Gilbert |
| Address, | 1605 Walker St |
| Remarks, | |

8 9 7 0 0 0 3 3 3 9

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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36.]

# RETURN OF A BIRTH. 83288

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 1 97
4. Place of Birth, (Street and Number) 1610 Walker St
5. Full Name of Mother, Katie Miller
6. Mother's Maiden Name, " Glase
7. Mother's Birthplace, Balto Md
8. Full Name of Father, George Miller
9. Father's Occupation Soldier
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 9 7 0 0 0 3 3 4 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83239

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 1- of June at 20 minutes of 11 oclock P m 1899
4. Place of Birth, (Street and Number) 616 North Stricker Street-
5. Full Name of Mother, Rosie A. Miller
6. Mother's Maiden Name, ——— Height-
7. Mother's Birthplace, Baltimore City- m d.
8. Full Name of Father, Wm A- Miller
9. Father's Occupation odd Jobs
10. Father's Birthplace, Baltimore City- m d

Name of Medical Attendant, or other person who makes this Return, Josephine amos, Cooper

Address, 820 Shuter Street-

Remarks, mother and Son is well

Balto City Md

Every birth occurring in the city of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the occurrence thereof, by the physician or midwife in attendance, and in case there shall be no physician or midwife in attendance, then by the father or mother of the child, the householder or manager of the premises where the birth occurred, or the owner or agent of the premises where the birth occurred, and every such report shall state the name and residence of the person making the report, and shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83240

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st. 1897
4. Place of Birth, (Street and Number) 592 Baker st.
5. Full Name of Mother, Mrs. Matilda Pfingsten
6. Mother's Maiden Name, Hansmann
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Fred. J. Pfingsten
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller MD

Address, 2239 Pennsylvania Ave.

Remarks,

8970003342

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# RETURN OF A BIRTH. 83241

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh (7th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 1st 1892
4. Place of Birth, (Street and Number) 1554 Orchard St.
5. Full Name of Mother, Lottie Thomas
6. Mother's Maiden Name, Lottie Harris
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Thomas
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Lucas

Address, 714 Eager St.

Remarks,

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been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83242

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 1-97 |
| 4. Place of Birth, (Street and Number) | 1547 N Stricker |
| 5. Full Name of Mother, | Edith Sommer |
| 6. Mother's Maiden Name, | Edith Myers |
| 7. Mother's Birthplace, | Baltimore City |
| 8. Full Name of Father, | Sommer |
| 9. Father's Occupation, | Clerk |
| 10. Father's Birthplace, | Baltimore City |
| Name of Medical Attendant, or other person who makes this Return, | Geo W. Morris Jr M.D |
| Address, | 1571 Presstman |
| Remarks, | |

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Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83243

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1 1877
4. *Place of Birth, (Street and Number)* No 10 ~~Eden~~ St Rosmith St
5. *Full Name of Mother,* Lue Gittel
6. *Mother's Maiden Name,* Volk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Gittel
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Alice Blum

*Address,* Colver St

*Remarks,*

8 9 7 0 0 0 3 3 4 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 83244

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st
4. Place of Birth, (Street and Number) 1109 Comet St
5. Full Name of Mother, Mary Carr
6. Mother's Maiden Name, Mary Downey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew V. Carr
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm Clyde Burns M.D.

Address, 1126 E Fayette

Remarks,

8 9 7 V 0 0 3 3 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83245

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, ~~2d, 3d,~~ *&c.*) First

1. *Sex,* (~~*state whether male or*~~ *female*) Female.
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* June 1st 1897
4. *Place of Birth,* (*Street and Number*) 2010 Bolton St
5. *Full Name of Mother,* Sallie Booker
6. *Mother's Maiden Name,* Sallie Warner
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* George S Booker
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Baltimore City. Md

*Name of Medical Attendant,* or other person who makes this Return, Dr. Theodore Cooke

*Address,* 914 N. Charles St.

*Remarks,*

897U003347

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or Practitioner in midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, immediately thereafter, in the manner and with the provisions of this section shall become the duty of the person or parents of such child to report its birth within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83246

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st. 1897
4. *Place of Birth, (Street and Number)* 127 Pochon Ave.
5. *Full Name of Mother,* Lillian Brown Mosher
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Frank L. Mosher.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. City

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,* 1835 E. Balto. St.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83247

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | F. |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | 1 June 1897. |
| 4. *Place of Birth, (Street and Number)* | 2205 Baudlayst, |
| 5. *Full Name of Mother,* | Annie L. ~~Crisp~~ Dinton. |
| 6. *Mother's Maiden Name,* | Crisp |
| 7. *Mother's Birthplace,* | S. R. C. Md |
| 8. *Full Name of Father,* | Robt. D. Dinton, |
| 9. *Father's Occupation* | Commission Merchant, |
| 10. *Father's Birthplace,* | Richmond Va, |
| *Name of Medical Attendant, or other person who makes this Return,* | J. L. Engle M. D. |
| *Address,* | 1007 W. Lanvale st. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83248

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1897
4. Place of Birth, (Street and Number) 1829 N. Fulton ave
5. Full Name of Mother, Alice Melvin Tubbs
6. Mother's Maiden Name, Alice Melvin
7. Mother's Birthplace, Caroline Co. Md
8. Full Name of Father, Edward F. Tubbs
9. Father's Occupation Journalist
10. Father's Birthplace, Wilmington, Del

Name of Medical Attendant, or other person who makes this Return, Lawrence [illegible]

Address, 1123 N. McCulloh St

Remarks, Baltimore

1897 0003350

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[1236.]

# RETURN OF A BIRTH. 83249

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th June 1897
4. Place of Birth, (Street and Number) #2 Rosendale ave 126
5. Full Name of Mother, ~~Emil~~ Ellis Kain
6. Mother's Maiden Name, Ellis Archabald
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Joseph Kain
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C A Brooks M.D. Jan 27/17

Address, 1528 Light St

Remarks, Doing Well

84700073351

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83250

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 th June 1899

4. Place of Birth, (Street and Number) 112 E Randall St

5. Full Name of Mother, Fannie E Starke

6. Mother's Maiden Name, Fannie E Shue

7. Mother's Birthplace, Baltimore Co Md

8. Full Name of Father, Oscar W Starke

9. Father's Occupation Sail Maker

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 High St

Remarks, Doing Well

84 7 40 0 33 52

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83257

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 St.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2 1899
4. Place of Birth, (Street and Number) 12 So. Chester St.
5. Full Name of Mother, Mary A. McDorman
6. Mother's Maiden Name, " " Wilson
7. Mother's Birthplace, B. C.
8. Full Name of Father, Phillip A. McDorman
9. Father's Occupation, Smelter — Copper
10. Father's Birthplace, Chesfield, Md.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, C. H. Brady

Remarks,

8 9 7 0 0 0 3 3 5 3

When the child is born in the city the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83252

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 2nd
4. Place of Birth, (Street and Number) 694 Peirce St.
5. Full Name of Mother, Emma A ~~Lang~~ Dearing
6. Mother's Maiden Name, Emma A Lang
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Dearing
9. Father's Occupation Jeweler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ellis Gunter

Address, 203 Hartford Avenue

Remarks,

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been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83253

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*Child of Mother, (state whether 1st, 2d, 3d, &c.)* One first

*x, (state whether male or female)* Male

*ce or Color, (if not of the white race)* Colard

*te of Birth,* 2nd of June

*lace of Birth, (Street and Number)* 802 Butler Alley

*ull Name of Mother,* Martha Byrd

*other's Maiden Name,* Martha Martin

*other's Birthplace,* Anna rundal Co md

*ull Name of Father,* Doctor A Byrd

*ather's Occupation,* Scowmans in coal

*ather's Birthplace,* Henrector Co Va

*ame of Medical Attendant,* or other person who makes this Return. Annie M Davis

*ddress,* 914 Peach Alley

*emarks,*

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# RETURN OF A BIRTH. 83254

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 2nd 1896.
4. Place of Birth, (Street and Number) 2218 Boston St Balto. Md
5. Full Name of Mother, Amelia Klingelhofer.
6. Mother's Maiden Name, Amelia Wolf.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Klingelhofer.
9. Father's Occupation Shoemaker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S Patterson Pk Ave

Remarks,

1 8 9 7 U 0 0 3 3 5 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83255

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 2 1877

4. *Place of Birth, (Street and Number)* 1408 Brunt St

5. *Full Name of Mother,* Ellen Johnson

6. *Mother's Maiden Name,* Ellen Johnson

7. *Mother's Birthplace,* Calvert Co. Md

8. *Full Name of Father,* James Waters

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Louisa Co Va

*Name of Medical Attendant,* or other person who makes this Return, Dr. Annie Johnson

*Address,* 704 Eutaw St.

*Remarks,*

84/U003357

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Each birth must be registered, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83256

GIVEN NAME ADDED 3-9-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George H. Hillary

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1897
4. Place of Birth, (Street and Number) No 609 Scott St Baltimore
5. Full Name of Mother, Ina Ioamie Hillary
6. Mother's Maiden Name, Ioamie Sloan
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, George Hillary
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, No 1724 N. Chester Stre

Remarks,

8970003358

Wm. J. C. Dulany Co., City Printers and Stationers.

month, &c.) shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83257

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 3rd. |
| 4. *Place of Birth, (Street and Number)* | #207 E Fayette st |
| 5. *Full Name of Mother,* | Annie Lennes |
| 6. *Mother's Maiden Name,* | Annie Holtzy |
| 7. *Mother's Birthplace.* | Balto, |
| 8. *Full Name of Father,* | Machinist |
| 9. *Father's Occupation,* | Charles Lennes |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary A. Pertner. |
| *Address,* | #241 E. Chester st. |
| *Remarks,* | |

8970003359

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83258

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, June 3 1902

4. Place of Birth, (Street and Number) 14 Parish Alley

5. Full Name of Mother, Martha Sisco

6. Mother's Maiden Name,

7. Mother's Birthplace, Eastern Shore of Maryland

8. Full Name of Father, Philip Sisco

9. Father's Occupation Laborer

10. Father's Birthplace, South River

Name of Medical Attendant, or other person who makes this Return, Emma Shiller Assistant M.D.

Address, Md. Homes. Hospital

Remarks, child still born.

8970003360

Wm. J. C. Dulany Co., City Printers and Stationers.

A list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Coshall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83259

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 3rd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1714 Alice anna Street |
| 5. *Full Name of Mother,* | Katie Schmidt |
| 6. *Mother's Maiden Name,* | Katie Schlagenhaft |
| 7. *Mother's Birthplace,* | York Pa |
| 8. *Full Name of Father,* | George Schmidt |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Anna Lenz midwife |
| *Address,* | |
| *Remarks,* | |

8 9 7 0 0 0 3 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83260

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether ~~male~~ or female) .....
2. Race or Color, (if not of the white race) White -
3. Date of Birth, June 3rd 1897 -
4. Place of Birth, (Street and Number) 345- W- 21st St
5. Full Name of Mother, Lucilla Robinson Gallery -
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Hartford Co- Md -
8. Full Name of Father, William Gallery -
9. Father's Occupation, Railroad Employe
10. Father's Birthplace, Hartford Co- Md -

Name of Medical Attendant, or other person who makes this Return, John T. Gibbs, M.D.

Address, 2100- Maryland Ave

Remarks, .....

1897 0003362

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83261

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd
4. Place of Birth, (Street and Number) 1520 Montrose st.
5. Full Name of Mother, Ella Robinson
6. Mother's Maiden Name, Ella Hoover
7. Mother's Birthplace, City
8. Full Name of Father, George Robinson
9. Father's Occupation Driver
10. Father's Birthplace, city

Name of Medical Attendant, or other person who makes this Return, Dr T C O Hare

Address, 0 cor Hollins & Fremont st

Remarks, 8970003363

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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# RETURN OF A BIRTH. 83262

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~May~~ June 3. 1897
4. Place of Birth, (Street and Number) 1708 Eyrd st
5. Full Name of Mother, Emma Lucas
6. Mother's Maiden Name, Fillets
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Lucas
9. Father's Occupation Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schmarsk

Address, 434 E Fat Ave

Remarks,

8970003364

Wm. J. C. Dulany Co,. City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83263

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* June 3, 1897
4. *Place of Birth, (Street and Number)* 413 [illegible]
5. *Full Name of Mother,* Mary E Howard
6. *Mother's Maiden Name,* Nat E Jeffries
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Howard
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr Charles Williams

*Address,* 410 Eastern Ave

*Remarks,*

+ 8 4 7 0 0 0 3 3 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, that shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1330

# RETURN OF A BIRTH. 83264

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 4 — 1897
4. Place of Birth, (Street and Number) 707 S. Eden St.
5. Full Name of Mother, Ida Burns
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Burns
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 7 0 0 0 3 3 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83265

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1897
4. Place of Birth, (Street and Number) 116 N. Chester St.
5. Full Name of Mother, Virginia L. Richards
6. Mother's Maiden Name, Virginia L. Murry
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph E. Richards
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, W. C. Watson

Address, 1301 N. Central Ave.

Remarks,

8970003367

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83266

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th June 1897
4. Place of Birth, (Street and Number) 2003 Windsor Ave
5. Full Name of Mother, Annie Hargan
6. Mother's Maiden Name, Annie Conway
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Hargan
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E. A. Brooks

Address, 1828 Light St

Remarks, Dairy Walk

8970003368

Wm. J. C. Dulany Co,. City Printers and Stationers.

...a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83567

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Emile Williams

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st ch.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1897
4. Place of Birth, (Street and Number) Six North Broadway
5. Full Name of Mother, Harriet E. Williams
6. Mother's Maiden Name, Harriet E. Schreiner
7. Mother's Birthplace, Harrisburg Pa
8. Full Name of Father, Geo. L. Williams
9. Father's Occupation, Physician
10. Father's Birthplace, Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Geo. L. Williams

Address, Six N. Broad.

Remarks,

8970003369

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83268

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4
4. Place of Birth, (Street and Number) 2804 Lanvale st
5. Full Name of Mother, Bertie Harry
6. Mother's Maiden Name, Bertie Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otis Robbert Harry
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Harrisonburg Va

Name of Medical Attendant, or other person who makes this Return Mary I Turgay

Address, 2847 Lanvale st

Remarks,

8970003370

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83269

GIVEN NAME ADDED 10-4-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Morgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3—

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 4, 1897.
4. Place of Birth, (Street and Number) 2820 Baltimore st.
5. Full Name of Mother, Mattie E. Morgan.
6. Mother's Maiden Name, Dwyer.
7. Mother's Birthplace, Md.
8. Full Name of Father, James K. Morgan.
9. Father's Occupation Motorman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, R. M. Dorsey M.D.

Address, 727 Fleet ave.

Remarks,

8470003371

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83270

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, 4th June 1897
4. Place of Birth, (Street and Number) 24 E Lanvale
5. Full Name of Mother, Mc auley Donahue
6. Mother's Maiden Name, Mc auley
7. Mother's Birthplace, Md
8. Full Name of Father, Thomas Donahue
9. Father's Occupation, Manufacturer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. C B Grantland md

Address, 925 Cathedral

Remarks,

8970003372

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83271

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1 1897
4. Place of Birth, (Street and Number) 1135 Hanover st
5. Full Name of Mother, Mary M Blumline
6. Mother's Maiden Name, Eisel
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Blumline
9. Father's Occupation Workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolus Schmidt

Address, 939 Fat Ave

Remarks,

8 9 7 0 0 0 3 3 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83272

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick Anton Rasmussen

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 Juni
4. Place of Birth, (Street and Number) 1634 E. Fort Ave.
5. Full Name of Mother, Martha (Rasmussen)
6. Mother's Maiden Name, " Simmer
7. Mother's Birthplace. Germany
8. Full Name of Father, Anton (Rasmussen) Rasmussen
9. Father's Occupation, ~~Steveder~~ Steveder
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Emily Magnus

Address, 1331 Hull St. Locust Point

Remarks,

8 4 7 0 0 0 3 3 7 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83273

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colerd
3. Date of Birth, June the 5 1897
4. Place of Birth, (Street and Number) Ledingtall st 815
5. Full Name of Mother, Anne Suel
6. Mother's Maiden Name, Anne Moten
7. Mother's Birthplace, Colbert County
8. Full Name of Father, Charly Moten
9. Father's Occupation laour
10. Father's Birthplace, Colbert County

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Hamilton

Address, No 629 south Howard st

Remarks, full 9 months

8970003375

Wm. J. C. Dulany Co,. City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83274

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th June 1897
4. *Place of Birth, (Street and Number)* 1114 Williams st
5. *Full Name of Mother,* Eva G Smith
6. *Mother's Maiden Name,* Eva G Kennedy
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* George Smith
9. *Father's Occupation* Conductor Traction Co
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, E A Brooks

*Address,* 1828 Light St

*Remarks,* Twins Well

8 9 7 0 0 0 3 3 7 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83275

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | 5 June, 1897 |
| *4. Place of Birth (Street and Number)* | 1800 E. Townsend St. |
| *5. Full Name of Mother* | Julia Schweitzer |
| *6. Mother's Maiden Name* | Hoeschle |
| *7. Mother's Birthplace* | Balto. Co. Md |
| *8. Full Name of Father* | Justus Schweitzer |
| *9. Father's Occupation* | Provision Dealer |
| *10. Father's Birthplace* | Germany |
| *Name of Medical Attendant, or other Person who makes this Return.* | Albert B. Lyman, M.D. |
| *Address* | 504 Sharp St. Balto. Md |
| *Remarks* | |

8 9 7 0 0 0 3 3 7 7

# RETURN OF A BIRTH. 83276

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6
4. *Place of Birth, (Street and Number)* 322 Park Ave
5. *Full Name of Mother,* Edna Weigman
6. *Mother's Maiden Name,* " Grebner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry R. Weigman
9. *Father's Occupation* Store-keeper
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, L. L. Buddenhagen

*Address,* 418 S. Paca St.

*Remarks,*

8 7 7 0 0 0 3 3 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83277

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 6th, 1897

4. Place of Birth, (Street and Number) 5 Brady ave, Waverly

5. Full Name of Mother, Lelia Stokes Cummins

6. Mother's Maiden Name, Lelia Stokes

7. Mother's Birthplace Prince Edward Co., Virginia

8. Full Name of Father, Wm Cummins

9. Father's Occupation Minister

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano

Address, 2020 N. Charles St.

Remarks,

8970003379

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83278

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, June 6 1851
4. Place of Birth, (Street and Number) Wd Homeo. Hospital
5. Full Name of Mother, Rebecca Hall
6. Mother's Maiden Name, —
7. Mother's Birthplace, Calvt Co.
8. Full Name of Father, Wm. Hall
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvt Co

Name of Medical Attendant, or other person who makes this Return, Geo S Dulany Ass't M.D.

Address, Wd. Homeopathic Hospital

Remarks, L. O. C.

8 4 7 U 0 0 3 3 8 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83279

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 6/1897
4. Place of Birth, (Street and Number) 831 Raborg St
5. Full Name of Mother, Elizabeth Garnish
6. Mother's Maiden Name, Elizabeth Hawkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Levi Garnish
9. Father's Occupation Laborer
10. Father's Birthplace, Taylors Island

Name of Medical Attendant, or other person who makes this Return, C. N. Adams

Address, 910 Leadenhall St

Remarks,

8970003381

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83280

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5th of June 1897 |
| 4. *Place of Birth, (Street and Number)* | 42 Reborn Lane |
| 5. *Full Name of Mother,* | Kate Kramer |
| 6. *Mother's Maiden Name,* | Kate Scholl |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Kramer |
| 9. *Father's Occupation* | Lawer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Jno Geh. Lauer |
| *Address,* | No 1059 Stafford Ave |
| *Remarks,* | Bal. Md. |
| | 1897 |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

monthly, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83281

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 7 of June 1897 |
| 4. *Place of Birth, (Street and Number)* | No 54 Mount St Mary's |
| 5. *Full Name of Mother,* | Ella L. Orman |
| 6. *Mother's Maiden Name,* | Ella L. Orndorff |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Orman |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Eli Lauer |
| *Address,* | No 1054 Stafford Ave |
| *Remarks,* | Bal. Md. |

1897

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Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH 83282

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex,* (*State whether male or female*) Female
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* June 7th 97
4. *Place of Birth,* (*Street and Number*) 308 N. Edmondson
5. *Full Name of Mother,* Celia Stobvis
6. *Mother's Maiden Name,* Celia Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Abraham Stobvis
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return. Howard L Silver

*Address,* 1427 E Fayette St

*Remarks,* Premature birth about 6 month pregnant

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WM J. D. BULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83283

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday June 7th 1897
4. Place of Birth, (Street and Number) 412 Spring Street
5. Full Name of Mother, Flavia Asdell
6. Mother's Maiden Name, Flavia Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Asdell
9. Father's Occupation Cook on the Steamer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Leet.

Address, 412 Milliman Street

Remarks, .....

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C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83284

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June the 8th 1897.
4. Place of Birth, (Street and Number) 1005 Peach Alley
5. Full Name of Mother, Katie Harris
6. Mother's Maiden Name, Katie Foreman
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Albert Harris
9. Father's Occupation Brick Yard
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum Alley.

Remarks,

8970003386

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83285

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white child

3. Date of Birth, June 5

4. Place of Birth, (Street and Number) 316 Orchard Ave

5. Full Name of Mother, Mary Brownell

6. Mother's Maiden Name, Mary Fisk

7. Mother's Birthplace, Oakland Md

8. Full Name of Father, William Brownell

9. Father's Occupation Laborer

10. Father's Birthplace, West Va

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Steinhardt

Address, 1631 West Pratt St. Baltimore Md. Co.

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83286

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8th 1897
4. Place of Birth, (Street and Number) North Ave & 11th St. Walbrook
5. Full Name of Mother, Mrs Chas. Crooks
6. Mother's Maiden Name, " " DE. Kalee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Chas C. Crooks
9. Father's Occupation Bicycle Dealer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, H J Carrick M.D.

Address, 1204 Madison Ave

Remarks, 8970003388

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...births, and shall set forth as far as the same can be ascertained ... been conferred) its sex, color, the full name and occupation ... said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the physician or practitioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately after the birth, in the ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83287

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 8, 1897
4. Place of Birth, (Street and Number) 710 Clay Street
5. Full Name of Mother, Martha D Matthews
6. Mother's Maiden Name, Martha Brown
7. Mother's Birthplace, Caroline County Md
8. Full Name of Father, James Matthews
9. Father's Occupation Labor
10. Father's Birthplace, Talbot County Md

Name of Medical Attendant, or other person who makes this Return, Abrilla B Brooks

Address, 1132 Warner Street

Remarks, Mother well as can be expected

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Wm. J. C. Dulany Co., City Printers and Stationers.

If any shall have neglected to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the same can be ascertained, and report as to the same, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance, or should no other person be in shall occur without the attendance of a physician or practicioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty, of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83288

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of June 1897.
4. Place of Birth, (Street and Number) Baltimore Ind # 416 S Parrish St
5. Full Name of Mother, Annie Walsh
6. Mother's Maiden Name, " Ackerman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jefferson J Walsh
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Ind

Name of Medical Attendant, or other person who makes this Return, Mrs Mary "Kraning.

Address, # 414 S Strecker St Baltimore Ind

Remarks, Mother and Child are doing well

1897 0003390

Wm J C. Dulany Co., City Printers and Stationers.

Health.—The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83289

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (3rd) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th 1897
4. *Place of Birth, (Street and Number)* 679. Barre st
5. *Full Name of Mother,* Emma Jane Smith
6. *Mother's Maiden Name,* " " Grimm
7. *Mother's Birthplace,* Washington County Md
8. *Full Name of Father,* John H. Smith
9. *Father's Occupation* Brakeman on B. & O. R. R.
10. *Father's Birthplace,* Upper Marlboro Prince Geo Co Md

*Name of Medical Attendant, or other person who makes this Return,* Dr. H. Hammett

*Address,* 624 N. Carrollton Ave

*Remarks,* Premature one day

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83290

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | Colored. |
| 3. *Date of Birth,* | June 8th 1897 |
| 4. *Place of Birth, (Street and Number)* | 8 N. Eden Church St |
| 5. *Full Name of Mother,* | Mary Johnson |
| 6. *Mother's Maiden Name,* | Mary Taylor |
| 7. *Mother's Birthplace,* | Calvert County Md. |
| 8. *Full Name of Father,* | George J. Johnson |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Prince George Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Emil Johnson. |
| *Address,* | 1st n/0/2. Plum alley B. H. Haubuge & Lisom |
| *Remarks,* | |

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83291

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8th
4. *Place of Birth, (Street and Number)* 1802 Canton ave
5. *Full Name of Mother,* Barbara Schneider —
6. *Mother's Maiden Name,* Barbara Schonat —
7. *Mother's Birthplace,* Balto md
8. *Full Name of Father,* Charles Schneider
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto md

*Name of Medical Attendant,* or other person who makes this Return, Gustav Goldman M.D.

*Address,* 2005 Eastern ave

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83292

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore, June 9, 1897
4. Place of Birth, (Street and Number) 848 N. Howard Street Balto.
5. Full Name of Mother, Sarah Harrison
6. Mother's Maiden Name, Sarah Barber
7. Mother's Birthplace, Russia
8. Full Name of Father, Isie Harrison
9. Father's Occupation, Merchant tailor Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Leng Barber

Address, 102 N. High Street Baltimore. Md.

Remarks, 8 4 7 0 0 0 3 3 9 4

Wm J C. Dulany Co., City Printers and Stationers.

...upation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83293

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of June 1897.
4. Place of Birth, (Street and Number) Baltimore # 1625 Frederick Ave.
5. Full Name of Mother, Florance Bailey
6. Mother's Maiden Name, Kennedy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Fred C Bailey
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Franing

Address, # 414 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well

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Wm J C. Dulany Co., City Printers and Stationers.

...name and residence as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

# RETURN OF A BIRTH. 83294

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9th 1897
4. Place of Birth, (Street and Number) No: 348 Payson St.
5. Full Name of Mother, Kate Crodell
6. Mother's Maiden Name, Kate Zelle
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Charles Crodell
9. Father's Occupation Glass Blower
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 572 Frederick Ave Annex

Remarks,

8970003396

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1286.]

# RETURN OF A BIRTH. 83295

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 9th 1897.

4. Place of Birth, (Street and Number) 2818 Catherine St

5. Full Name of Mother, Laura Younghelt

6. Mother's Maiden Name, Laura Schultz.

7. Mother's Birthplace, Germany.

8. Full Name of Father, Adolph Younghelt

9. Father's Occupation Cook.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, J. H. Keown. M.D.

Address, 848 N. North Ave

Remarks,

1 8 9 7 0 0 0 3 3 9 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83296

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th June 1894
4. Place of Birth, (Street and Number) 406 Folsom st
5. Full Name of Mother, Annie Hook
6. Mother's Maiden Name, Annie Welsh
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Hook
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Bowles

Address, 1828 Light St

Remarks, Doing Well

897U0003398

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1286.]

# RETURN OF A BIRTH. 83297

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 9th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1422 Block Street |
| 5. *Full Name of Mother,* | Mary Rassmussen |
| 6. *Mother's Maiden Name,* | Mary Fox |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John Rassmussen |
| 9. *Father's Occupation* | Stevedore |
| 10. *Father's Birthplace,* | Norway |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Anna Lenz Midwife |
| *Address,* | 1539 Alice anna Street |
| *Remarks,* | |

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Section 1230.]

# RETURN OF A BIRTH. 83298

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 10th '97 |
| 4. *Place of Birth, (Street and Number)* | 3004 Evergreen ave |
| 5. *Full Name of Mother,* | Gertrude Gatchell Gantz |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Chicago Ill. |
| 8. *Full Name of Father,* | S. Gordon Gatchell |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Thomas Fole M.D. |
| *Address,* | 219 N. Monument St |
| *Remarks,* | |

1897U003400

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 83299

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amalie Theresa Louise ~~Cook~~

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 16th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2422 Odonnell St. |
| 5. *Full Name of Mother,* | Bessie Cooke X |
| 6. *Mother's Maiden Name,* | Ahrent |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John G Cook X |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Baltr |
| *Name of Medical Attendant,* or other person who makes this Return, | Sarah S Harrington |
| *Address,* | 924 Bunting Pl. |
| *Remarks,* | |

8970003401

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

№ 1236

# RETURN OF A BIRTH. 83300

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 June
4. Place of Birth, (Street and Number) 915 Baroness Str
5. Full Name of Mother, Mary Stesak
6. Mother's Maiden Name, Dusinsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Martin Stesak
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Dietl

Address, 838 S. Bond Str. Baltimore Md.

Remarks, City.

8970003402

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 83301

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10
4. Place of Birth, (Street and Number) 621 Durham Str.
5. Full Name of Mother, Mary Walter
6. Mother's Maiden Name, Grin
7. Mother's Birthplace, Germany
8. Full Name of Father, John Walter
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pitt

Address, 838 d Bond Str

Remarks, Baltimore Md. City.

8970003403

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83302

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June the tenth |
| 4. *Place of Birth, (Street and Number)* | No 413 N Durham St |
| 5. *Full Name of Mother,* | Lora Jane Thomas |
| 6. *Mother's Maiden Name,* | Lara Jane Sephus |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Edward Thomas |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Susan Hooper |
| *Address,* | 123 N. Durham Street |
| *Remarks,* | |

8970003404

Wm. C. Dulany Co., City Printers and Stationers.

Register. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83303

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore June 10, 1897
4. Place of Birth, (Street and Number) 504 S. Charles Street Balto.
5. Full Name of Mother, Jennie Moorensky
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Moorensky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, 102 N Hugh Street Balto.

Remarks, 8970003405

Wm J C. Dulany Co., City Printers and Stationers.

83.]

# RETURN OF A BIRTH. 83304

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name, Marie Dena Wood

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 10th 1897
4. *Place of Birth, (Street and Number)* #2209 Cambridge St Balto.
5. *Full Name of Mother,* Mrs. Dena Wood
6. *Mother's Maiden Name,* King.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. Wood
9. *Father's Occupation* Labour.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Mary M Taylor.

*Address,* # 611 S. Patterson Pk. Ave

*Remarks,*

8970003406

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the pation of its parents, the date and place of birth; and the actitioner in the form of a certificate between the first and te Commissioner of Health. In case the birth of any child practioner of midwifery, or shall no other person be in shall become the duty of the person or parents of such the manner and within the period above required, and comply with the provisions of this section shall be sub- to be recovered as other fines and forfeitures are recoverable. said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, on or before the third day of each and every month to the office of the practitioner of midwifery, or shall no other person be in attendance of a physician or practitioner of midwifery, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83305

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | the 10 of June 1877 |
| 4. *Place of Birth, (Street and Number)* | No 1611 Hopkins Ave |
| 5. *Full Name of Mother,* | Lina Freter |
| 6. *Mother's Maiden Name,* | Lina Stringmann |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Henry Freter |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm Ch Lamer |
| *Address,* | No 1059 Harford Ave |
| *Remarks,* | Bal Md |
| | 1877 |

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83306

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* one

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* June 10th 1897
4. *Place of Birth, (Street and Number)* #221 Bruce st Balto Md
5. *Full Name of Mother,* Hester Cook
6. *Mother's Maiden Name,* Hester Sykes
7. *Mother's Birthplace,* Gloster Conty Va
8. *Full Name of Father,* Jery Cook
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Gloster Conty Va

*Name of Medical Attendant,* or other person who makes this Return, Mary Burns

*Address,* #555 Oxford st Balto Md

*Remarks,*

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1236.]

# RETURN OF A BIRTH. 83307

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Color. |
| 3. *Date of Birth,* | June 11 1897. |
| 4. *Place of Birth, (Street and Number)* | 1021 Wadsworth St |
| 5. *Full Name of Mother,* | Bettie Tunstall. |
| 6. *Mother's Maiden Name,* | Jones. |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | James Tunstall. |
| 9. *Father's Occupation* | Laboring. |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary E Jones |
| *Address,* | 1121 Saratoga St |
| *Remarks,* | East Balto |

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

# RETURN OF A BIRTH. 83208

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 11th June 1897 |
| 4. *Place of Birth, (Street and Number)* | 1229 Durst alley |
| 5. *Full Name of Mother,* | Hannah Bedetus |
| 6. *Mother's Maiden Name,* | Hannah Bugdan |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Edward Bedetus |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Prussia |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83309

GIVEN NAME ADDED 4/14/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: FRANK HUHN

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 11 1897 |
| 4. *Place of Birth, (Street and Number)* | 1313 Hoolbrook st |
| 5. *Full Name of Mother,* | Mrs Jennie Huhn |
| 6. *Mother's Maiden Name,* | Jennie Egerton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Mr Andrew Huhn |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Wooden |
| *Address,* | 1010 E Hoffman St |
| *Remarks,* | none |

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...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83310

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1897
4. Place of Birth, (Street and Number) 1110 E. Wolfe St.
5. Full Name of Mother, Mrs Barbara George Riggs.
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Joseph George
8. Full Name of Father, Labour
9. Father's Occupation Baltimore
10. Father's Birthplace, Mrs. Mary M. Taylor.

Name of Medical Attendant, or other person who makes this Return,

Address, 1611 E. Patterson Pk Ave. Balto Md.

Remarks,

8 9 7 0 0 0 3 4 1 2

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83311

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 11 th 1897
4. Place of Birth, (Street and Number) No: 2 Eugen St
5. Full Name of Mother, Mary Larsen
6. Mother's Maiden Name, Mary Kluth
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Larsen
9. Father's Occupation Beef - Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave

Remarks,

8970003413

Wm. J. C. Dulany Co,. City Printers and Stationers.

The name as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person or parents of such attendance of a physician or practioner it shall become the duty of the person above required, and shall occur without the attendance of a physician or practioner it shall become the duty of the person above required, and in the manner and within the period above required, and attendance upon the mother, immediately of Health, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner fail to comply with the provisions of this section shall be sub- any such person of persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 83312

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 th 1897.
4. Place of Birth, (Street and Number) 1713 Caroline St.
5. Full Name of Mother, Josepha Fetter
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace,
8. Full Name of Father, John Fetter
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return Mary Koplitz

Address, 205 N Washington St

Remarks,

8 7 7 0 0 0 3 4 1 4

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, midwife or other person in attendance upon the mother, immediately thereafter to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83313

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 11-th 1897
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Mrs Priscilla Gourley
6. *Mother's Maiden Name,* Priscilla Lawson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Gourley
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return.*

*Address,* Emmaline Barney

*Remarks,* 1133 Hull Street.

Doing well

8 9 7 0 0 0 3 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83313½

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c,)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 11th 1897
4. *Place of Birth, (Street and Number)* 103 Linden St
5. *Full Name of Mother,* Priscilla Lawson
6. *Mother's Maiden Name,* Priscilla Lawson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Earl Loveless
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Emmaline Barnes

*Address,* 1135 Hollis Lane

*Remarks,* Dona Well

8 4 7 0 0 0 3 4 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

*Penalty.* This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83314

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | June 11, 1897. |
| 4. *Place of Birth, (Street and Number)* | 438 Hickory ave. |
| 5. *Full Name of Mother,* | Mary E. Gorman. |
| 6. *Mother's Maiden Name,* | Glover. |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | John J. Gorman. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | R. M. Dorsey M.D. |
| *Address,* | 727 - 3d ave |
| *Remarks,* | |

8 9 7 0 0 0 3 4 1 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 8335

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) negro
3. Date of Birth, June 11 1957
4. Place of Birth, (Street and Number) Md. Home Hospital
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Prince Georges County
8. Full Name of Father, Self
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. J. Willis M.D.

Address, Md. Home Hospital

Remarks, L. D. A.

8 4 7 0 0 0 3 4 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-56

# RETURN OF A BIRTH. 81316

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Anna Davis Eight

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* June 12 1897

4. *Place of Birth, (Street and Number)* 25 N. Amity St.

5. *Full Name of Mother,* Rachel Davis

6. *Mother's Maiden Name,* Speckman

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Morris Davis

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

*Name of Medical Attendant, or other person who makes this Return,* L. Hollander

*Address,* 1 Portugal St.

*Remarks,* 8970003419

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to a physician or practitioner at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83317

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June-12-1897.
4. *Place of Birth, (Street and Number)* 1613 N. Gilmor St.
5. *Full Name of Mother,* Jennie Speakman.
6. *Mother's Maiden Name,* Jennie McKee
7. *Mother's Birthplace,* Baltimore. md.
8. *Full Name of Father,* Ervin. Grant. Speakman
9. *Father's Occupation* Wood carver.
10. *Father's Birthplace,* New Market. York Co. Penna.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Martha Griffin.

*Address,* ~~No. 49~~ 1648 N. Gilmor St.

*Remarks,*

1897 00034 20

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1836

# RETURN OF A BIRTH. 83318

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 12
4. *Place of Birth, (Street and Number)* 70 S. Bond Sts.
5. *Full Name of Mother,* Rosinda Virgin
6. *Mother's Maiden Name,* Dengle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Virgin
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Mary Bell.

*Address,* 838 S. Bond Sts. Balto. Md.

*Remarks,*

8970003421

Wm. J. C. Dulany Co., City Printers and Stationers.

be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or person in charge of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the five of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236

# RETURN OF A BIRTH. 83319

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 June, 1897
4. *Place of Birth, (Street and Number)* 804 E. Broadway
5. *Full Name of Mother,* Mary Dibulskey
6. *Mother's Maiden Name,* Rozalsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Michal Dibulskey
9. *Father's Occupation* Hoke-man
10. *Father's Birthplace,* Pole

*Name of Medical Attendant,* or other person who makes this Return, Mary Beth

*Address,* 838 d Bond St.

*Remarks,* Balto. Md. City.

8 9 7 0 0 0 3 4 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83320

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 1897
4. Place of Birth, (Street and Number) 1726 Eden Ave
5. Full Name of Mother, Ida B Stead
6. Mother's Maiden Name, Duvall
7. Mother's Birthplace, Peterboro Canada
8. Full Name of Father, Wm Orrington Stead
9. Father's Occupation, Salesman
10. Father's Birthplace, Williamsport Pa

Name of Medical Attendant, or other person who makes this Return. R. S. Davis M.D.

Address, 807 N Carlin Ave

Remarks,

8970003423

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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M 1236]

# RETURN OF A BIRTH. 83321

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11 1897.

4. Place of Birth, (Street and Number) 13 Fort St.

5. Full Name of Mother, Mary Gjanki

6. Mother's Maiden Name, Bohiman

7. Mother's Birthplace, Austria

8. Full Name of Father, Mike Gjanki

9. Father's Occupation Tayler

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopus

Address, 215 N. Washington St

Remarks,

8970003424

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83322

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Balto. June 12, 1897 |
| 4. Place of Birth, (Street and Number) | 817 S. Canover Street Balto. |
| 5. Full Name of Mother, | Ratchal Asterson |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | Russia |
| 8. Full Name of Father, | Joseph Asterson |
| 9. Father's Occupation, | Tailor |
| 10. Father's Birthplace, | Russia |
| Name of Medical Attendant, or other person who makes this Return. | Mrs. Lena Barber |
| Address, | 102 N. High Street |
| Remarks, | |

8 9 7 U 0 0 3 4 2 5

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83323

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 12th 1897
4. *Place of Birth, (Street and Number)* 18 E. Montgomery
5. *Full Name of Mother,* Charles Krotee Mrs C. Krotee
6. *Mother's Maiden Name,* Annie Williams
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Krotee
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Delaware

*Name of Medical Attendant, or other person who makes this Return.* H J Carrick M.D.

*Address,* 1201 N Madison Ave

*Remarks,*

8 7 0 0 0 3 4 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8332

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colred
3. Date of Birth, June th 12 1891
4. Place of Birth, (Street and Number) Cross st No 599
5. Full Name of Mother, Agnes Bailey
6. Mother's Maiden Name, Agnes Ellis
7. Mother's Birthplace, Baltimr
8. Full Name of Father, John ellis
9. Father's Occupation labour
10. Father's Birthplace, Baltimr

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Morrison

Address, No 629 south Howard st

Remarks, full 9 months

8 4 7 0 0 0 3 4 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83325

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name. John B. Brannan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, June 12th. 1897.
4. Place of Birth (Street and Number), 330 Falls Road
5. Full Name of Mother, Margie Brannan Brannan
6. Mother's Maiden Name, Gosnell
7. Mother's Birthplace, Md.
8. Full Name of Father, John Brannan
9. Father's Occupation, Md
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. D. L. Williams

Address, 254 Carroll St.

Remarks, Woodberry

847U003428

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

[N 1236]

# RETURN OF A BIRTH. 83326

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 12 1891
4. Place of Birth, (Street and Number) MD Homeo Hospital.
5. Full Name of Mother, Mary Myers
6. Mother's Maiden Name,
7. Mother's Birthplace, Caroline Co., Va.
8. Full Name of Father, Illegit.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, G. S. Everhart M. D.

Address, MD. Homeo. Hospital.

Remarks, L. O. a.

8 9 7 0 0 0 3 4 2 9

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83327

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13th 189?
4. Place of Birth, (Street and Number) 730 Durham St
5. Full Name of Mother, Mary Moran
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Moran
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, 915 W Washington St

Remarks,

8970003430

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83328

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 13. June.
4. *Place of Birth, (Street and Number)* 500. Nort. Eden. Street.
5. *Full Name of Mother,* Mary Huber.
6. *Mother's Maiden Name,* Mary. Schmidt.
7. *Mother's Birthplace,* Wilhelm Huber.
8. *Full Name of Father,* Germany.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace,* Gatmany.

*Name of Medical Attendant,* or other person who makes this Return, Mary. Klass.

*Address,* N. E. Nort. Wolfe. Str.

*Remarks,*

8 9 7 0 0 0 3 4 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83329

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13. 1897
4. *Place of Birth, (Street and Number)* No 1816 E. Townsend st.
5. *Full Name of Mother,* Margaret Virginia Benson
6. *Mother's Maiden Name,* Margaret Virginia Waldman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George B. Benson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, W. C. Sandrock

*Address,* 1242 N. Broadway

*Remarks,*

+ 8 9 7 0 0 0 3 4 3 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83330

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5-th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 13-th 1897 |
| 4. *Place of Birth, (Street and Number)* | Old Fredrick Road No. 243 |
| 5. *Full Name of Mother,* | Henrietta Wieber |
| 6. *Mother's Maiden Name,* | Henrietta Dengs |
| 7. *Mother's Birthplace,* | Baltimore MD |
| 8. *Full Name of Father,* | Joseph Wieber |
| 9. *Father's Occupation* | Bristle Waker |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other person who makes this Return, | Elizabeth Wickes |
| *Address,* | Hoffmans Lane Baltimac MD. |
| *Remarks,* | |

1897 0003433

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83371

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday June 13th
4. *Place of Birth, (Street and Number)* #351 N. Calvert St.
5. *Full Name of Mother,* Julia C. Dexter
6. *Mother's Maiden Name,* Julia C. Horgan
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* James T. Dexter
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,*

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83332

## CERTIFICATE AMENDED 2-7-68

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: Beatrice ~~Sybil~~ Swartz

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 13, 1897
4. *Place of Birth, (Street and Number)* 210 S. Exeter St.
5. *Full Name of Mother,* Annie ~~Schwartz~~ SWARTZ
6. *Mother's Maiden Name,* Cohn
7. *Mother's Birthplace,* Rus. Poland
8. *Full Name of Father,* Tobias ~~Schwartz~~ SWARTZ
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Rus. Poland

*Name of Medical Attendant, or other person who makes this Return,* J. C. Josephson, M.D.

*Address,* 214 S. Exeter St.

*Remarks,* Name Bella

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Wm. J. C. Dulany Co., City Printers and Stationers.

Blanks will be furnished gratis as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

336.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83333

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 13, 1897
4. *Place of Birth, (Street and Number)* 1004 E. Pratt St.
5. *Full Name of Mother,* Fannie Sachs
6. *Mother's Maiden Name,* " Herman
7. *Mother's Birthplace,* Russian Poland
8. *Full Name of Father,* Joseph Sachs
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russian Poland

*Name of Medical Attendant,* or other person who makes this Return, J. C. Josephson, M.D.

*Address,* 214 S. Exeter St.

*Remarks,* Name Yenta Haia

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83334

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. | *Sex, (state whether male or female)* | Female |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | June 13 |
| 4. | *Place of Birth, (Street and Number)* | 334 S. Monroe St |
| 5. | *Full Name of Mother,* | Georgianna Kent Litchfield |
| 6. | *Mother's Maiden Name,* | Georgianna Kent |
| 7. | *Mother's Birthplace,* | Baltimore |
| 8. | *Full Name of Father,* | Isaac H. Litchfield |
| 9. | *Father's Occupation,* | Machinist |
| 10. | *Father's Birthplace,* | Baltimore |
| | *Name of Medical Attendant,* or other person who makes this Return. | Robert K. Kaeas |
| | *Address,* | 1001 N. Lanvale St. |
| | *Remarks,* | |

8 9 7 U 0 0 3 4 3 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH, 83335

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2-nd)

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth June 13 '97
4. Place of Birth, (Street and Number) 721 E. Hamburg St. Balto. Md
5. Full Name of Mother Susie Ocelia Hyman
6. Mother's Maiden Name Susie Ocelia Bivins
7. Mother's Birthplace E. Dorchester Co. Md.
8. Full Name of Father William Henry Hyman
9. Father's Occupation Planing Mill Foreman
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

8970003438

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83336

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 13 - 97 |
| 4. *Place of Birth, (Street and Number)* | 624 W. Lee st |
| 5. *Full Name of Mother,* | Friederike Ruth Löttner |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Ruth |
| 9. *Father's Occupation* | Tinner |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return* | L. L. Buddenbaum |
| *Address,* | 418 S. Paca St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83337

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 14/17 |
| 4. *Place of Birth, (Street and Number)* | 1232 Hull St |
| 5. *Full Name of Mother,* | Mrs Margaret Cadden |
| 6. *Mother's Maiden Name,* | Maghee Burns |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Anthony Cadden |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Ann Homes |
| *Address,* | 1112 Hanburg St |
| *Remarks,* | |

8970003440

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its father, and the full maiden name of its mother, the date and place of the birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83338

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 17
4. *Place of Birth, (Street and Number)* 1720 Thames St.
5. *Full Name of Mother,* Cassie Lyslinsky
6. *Mother's Maiden Name,* Liskovsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Adolf Lyslinsky
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Pole

*Name of Medical Attendant, or other person who makes this Return,* Mary Pratt

*Address,* 838 S. Broad Str.

*Remarks,* Balto. Md. City

8970003441

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83339

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 12th 1897
4. Place of Birth, (Street and Number) 1128 Druid Hill Ave
5. Full Name of Mother, Edith Wycoff
6. Mother's Maiden Name,
7. Mother's Birthplace, Wilkes Co. N.C.
8. Full Name of Father, Alex Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mary Posey

Address,

Remarks, 1809 Druid Hill Ave

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83340

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June . 15 th 1897 |
| 4. *Place of Birth, (Street and Number)* | 32 . E. Randolt . St |
| 5. *Full Name of Mother,* | Cora . E. ~~Ferris~~ harris |
| 6. *Mother's Maiden Name,* | Cord . E. Perkins |
| 7. *Mother's Birthplace,* | Louise . county . Va |
| 8. *Full Name of Father,* | Edward . E. harris |
| 9. *Father's Occupation* | Fireman B & O. R R |
| 10. *Father's Birthplace,* | Louise . county . Va |
| *Name of Medical Attendant, or other person who makes this Return,* | Ellennora . a . anderson |
| *Address,* | 1434 . Patapsco . St |
| *Remarks,* | |

8970003443

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83341

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6-13-97
4. Place of Birth, (Street and Number) 1934 Ridgewood Ave
5. Full Name of Mother, Ella J. Ritter
6. Mother's Maiden Name, Ella J. Stair
7. Mother's Birthplace, Knoxville Tenn.
8. Full Name of Father, Wm. H. Ritter
9. Father's Occupation Motorman
10. Father's Birthplace, Eldersburg Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Hunt M.D.

Address, 2045 Walbrook Ave

Remarks,

8970003444

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83342

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fifth |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 15th |
| 4. *Place of Birth, (Street and Number)* | #28 Duncan st. |
| 5. *Full Name of Mother,* | Rosa Freegner |
| 6. *Mother's Maiden Name,* | Rosa Dorn |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Philip Freegner |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return. | Mary A. Portner |
| *Address,* | #241 S. Chester st. |
| *Remarks,* | |

8 9 7 0 0 0 3 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-15-59

# RETURN OF A BIRTH 83363

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Gladys Almeda Wiley 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 1897
4. Place of Birth, (Street and Number) 916 W. Gay St.
5. Full Name of Mother, Lillie B. Wiley
6. Mother's Maiden Name, Lillie B. Strawbridge
7. Mother's Birthplace, Harford Co. Md.
8. Full Name of Father, Wm. W. Wiley.
9. Father's Occupation Driver.
10. Father's Birthplace, Homeville Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Alfred B. Giles M.D.

Address, 1340 Ausquith St.

Remarks.

8970003446

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83344

## To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

Health. — This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, June 15th, 1897.
4. Place of Birth, (Street and Number) 710 Lemmon St.
5. Full Name of Mother, Sophia Robbinson age 23.
6. Mother's Maiden Name, Sophia Robbinson
7. Mother's Birthplace, Essex Co., Va.
8. Full Name of Father, Charles Smith age 41.
9. Father's Occupation, Coal man.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Cassis Reid.

Address, 417 Parrish alley

Remarks,

8970003447

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83345

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June Fifteenth 1897
4. *Place of Birth, (Street and Number)* 1450 N. Washington St
5. *Full Name of Mother,* Carrie Fauple
6. *Mother's Maiden Name,* Carrie Eichrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicholas Fauple
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Magdelena Bruns

*Address,* 1640 N. Wolfe St

*Remarks,*

8970003448

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# RETURN OF A BIRTH. 83346

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 15. June 15. |
| 4. *Place of Birth, (Street and Number)* | 1423 Clement st. |
| 5. *Full Name of Mother,* | Mamie Hildebrandt. |
| 6. *Mother's Maiden Name,* | " Fitzsimons. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Hildebrandt. |
| 9. *Father's Occupation,* | Laboar. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. Mahan. |
| *Address,* | 1331 Hurst st. Locust Point. |
| *Remarks,* | |

8 7 7 0 0 0 3 4 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83347

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* June 15 97

4. *Place of Birth, (Street and Number)* 916 E. Eager St.

5. *Full Name of Mother,* Katherine Jennings Dorsey

6. *Mother's Maiden Name,* Trail

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father* Michael Thomas Jennings

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant, or other person who* [illegible] *this Return,* Henry Kopidy

*Address,* 703 Gunnell Court

*Remarks,* 8970003450

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 83348

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 15, 1897
4. *Place of Birth, (Street and Number)* 1039 W. Mulberry St.
5. *Full Name of Mother,* Edith Clayton
6. *Mother's Maiden Name,* Edith White
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wells Clayton
9. *Father's Occupation,* Elevator inductor & builder
10. *Father's Birthplace,* Balto. Co. Md.

*Name of Medical Attendant,* or other person who makes this Return. C. O. Mace M.D.

*Address,* 1002 Edmondson Ave

*Remarks,* Seven months & half child – probably will not live.

97U003451

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2 36.]

# RETURN OF A BIRTH. 83349

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, June 15th 1897.

4. Place of Birth, (Street and Number) #2106 Cambridge St

5. Full Name of Mother, Mrs. Mary A. Hitchens Fisher

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, George Hitchens

8. Full Name of Father, Captain

9. Father's Occupation Baltimore

10. Father's Birthplace, Mrs. Mary M. Taylor.

Name of Medical Attendant, or other person who makes this Return,

Address, #611 S. Bellevue Pl. Apt.

Remarks, 8970003452

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shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83350

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| Name | Louis Roland Kiszner |
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 16th |
| 4. Place of Birth, (Street and Number) | #610 N. Bond St. |
| 5. Full Name of Mother, | Annie (Kiener) Kiszner |
| 6. Mother's Maiden Name, | Annie (Deit) Dyott |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | William (Kiener Kiszner) |
| 9. Father's Occupation, | Ice Cream Manufac |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | Mary A. Pertnoy |
| Address, | #24 E. Chester. |
| Remarks, | |

8970003453

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236 | GIVEN NAME ADDED 4/27/66

# RETURN OF A BIRTH. 83351

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROBERT ALTON BREADY

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1897.
4. Place of Birth, (Street and Number) # 1427 Winchester St.
5. Full Name of Mother, Adelle Bready
6. Mother's Maiden Name, " Seim
7. Mother's Birthplace, Baltimore - Maryland
8. Full Name of Father, Franklin B. Bready
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore - Maryland

Name of Medical Attendant, or other person who makes this Return, J. Ridgely Hammond M. D.

Address, # 502 N. Carey St.

Remarks,

8970003454

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83352

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 16th 1897
4. *Place of Birth, (Street and Number)* 42 E. Eutaw St
5. *Full Name of Mother,* Maggie Carter
6. *Mother's Maiden Name,* Maggie Bailey
7. *Mother's Birthplace,* Calvert Co Md
8. *Full Name of Father,* William Carter
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant, or other person who makes this Return,* H Pollack M.D.

*Address,* 1112 Eutaw St. north.

*Remarks,*

8470003455

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH

83353

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth - (10th). |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | June 16th, 1897. |
| 4. *Place of Birth, (Street and Number)* | 2305 Linden Ave. |
| 5. *Full Name of Mother,* | Margaret Yakel. |
| 6. *Mother's Maiden Name,* | Buskamp |
| 7. *Mother's Birthplace,* | Baltimore, Md. |
| 8. *Full Name of Father,* | Louis Yakel. |
| 9. *Father's Occupation,* | Merchant. |
| 10. *Father's Birthplace,* | Baltimore, Md. |
| *Name of Medical Attendant,* or other Person who makes this Return | Louis W. Knight M.D. |
| *Address,* | 320 N. Greene St. |
| *Remarks,* | |

8970003455

sioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child (if any name shall have been conferred), its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of stillbirths and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

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# RETURN OF A BIRTH 8335

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether male or female),* | M. |
| 2. *Race or Color (if not of the white race),* | Fr. |
| 3. *Date of Birth,* | June. 17 - 1899 |
| 4. *Place of Birth (Street and Number),* | 102 Albemarle. |
| 5. *Full Name of Mother,* | Susie Wolf |
| 6. *Mother's Maiden Name,* | n Miller. |
| 7. *Mother's Birthplace,* | Russia. |
| 8. *Full Name of Father,* | Morris Wolf |
| 9. *Father's Occupation,* | Clothing. |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Hilliard M.D. |
| *Address,* | 1121 E. Balto. |
| *Remarks,* | |

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83355

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17
4. Place of Birth, (Street and Number) 627 S Bond Str.
5. Full Name of Mother, Lizzie Adolph
6. Mother's Maiden Name, Mier
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry W Adolph
9. Father's Occupation Grocery
10. Father's Birthplace, Lebanon Co.

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Sts.

Remarks, Balto. Md. City.

8970003458

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83356

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | The 7 th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | W hite |
| 3. *Date of Birth,* | The 17 of June 1897 |
| 4. *Place of Birth, (Street and Number)* | 1708 Biddle St |
| 5. *Full Name of Mother,* | Maggie Dragesen |
| 6. *Mother's Maiden Name,* | Maggie Klein |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Peter Dragesen |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Jas Eh Lauer |
| *Address,* | 1710 1054 Stafford Ave |
| *Remarks,* | Bal Md. |
| | 1897 |

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Over

# RETURN OF A BIRTH 83357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female). Male Edward Briggs
2. Race or color, (if not of the white race)
3. Date of Birth, June 17th 1897
4. Place of Birth, (Street and Number) 207 Chestnut Ave
5. Full Name of Mother, Ada B Briggs
6. Mother's Maiden Name, Ada B Petett
7. Mother's Birthplace, Prince Wm Co Va
8. Full Name of Father, Samuel T Briggs
9. Father's Occupation, Builder
10. Father's Birthplace, Sandy Springs Montgomery Co Md

Name of Medical Attendant, or other person who makes this Return. Elizabeth Ginnenan

Address, Chestnut Ave Hampden

Remarks, 8970003460

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 8335

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18th June
4. *Place of Birth, (Street and Number)* 506 central ave N
5. *Full Name of Mother,* Cordie I Saccount
6. *Mother's Maiden Name,* Cordie I Barr
7. *Mother's Birthplace,* Westville Jack Pa
8. *Full Name of Father,* Thomas S Saccount
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Carline Pattison

*Address,* 815 N Dallas St

*Remarks,* Doing well

8970003461

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d & 3d

1. *Sex, (state whether male or female)* Female & Male Twins
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18th 1897
4. *Place of Birth, (Street and Number)* 2015 Pleasant St
5. *Full Name of Mother,* Carrie Rappolt
6. *Mother's Maiden Name,* Carrie Allewalter
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Frederick Rappolt
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Balto Md.

*Name of Medical Attendant,* or other person who makes this Return, Mary Engelhardt

*Address,* 1726 Eastern Ave Balto Md.

*Remarks,*

8 9 7 0 0 0 3 4 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83360

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June Eighteenth '97

4. Place of Birth, (Street and Number) Harford Road

5. Full Name of Mother, Annie Snitzlein

6. Mother's Maiden Name, Annie Pekeiss

7. Mother's Birthplace, Germany

8. Full Name of Father, Simon Snitzlein

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Magdelena Breuer

Address, 1610 N. Wolfe St.

Remarks,

8970003463

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the occurrence thereof, by the physician or midwife in attendance upon the mother, or in case there is no physician or midwife in attendance, then by the householder of the house in which the birth occurs, or by the mother of the child, if able to do so, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH 83361

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 1st 1897 |
| 4. *Place of Birth, (Street and Number)* | 1506 Byrd st |
| 5. *Full Name of Mother,* | Lizzie Stopfield |
| 6. *Mother's Maiden Name,* | Deibroth |
| 7. *Mother's Birthplace,* | America |
| 8. *Full Name of Father,* | Peter Stopfield |
| 9. *Father's Occupation* | Dyer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Carolina Schumann |
| *Address,* | 434 E. Fort Ave |
| *Remarks,* | |

8970003464

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or midwife, or should no other person of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, sub- child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83362

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18
4. *Place of Birth, (Street and Number)* Langaster Ste 1805
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* Leonard
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* George W. Davis
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Town Point Maryland

*Name of Medical Attendant,* or other person who makes this Return, Mary Smith

*Address,* 838 S. Bond St.

*Remarks,* Balto. Md. City.

8970003465

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 88363

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1897.
4. Place of Birth, (Street and Number) 1320 N. Gilmor St
5. Full Name of Mother, Ella May Hast
6. Mother's Maiden Name, " " Hurley
7. Mother's Birthplace, Vienna Dorchester Co Md.
8. Full Name of Father, Revelle Thomas Hast
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Onancock Va

Name of Medical Attendant, or other person who makes this Return, C. G. Keefer M.D.

Address, 1329 N. Gilmor St.

Remarks,

8970003466

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83364

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 18th 1897
4. Place of Birth, (Street and Number) 1025 Gladden Al-
5. Full Name of Mother Henrietta Coley
6. Mother's Maiden Name, Henrietta Lohr
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Coles
9. Father's Occupation, Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary Hosey

Address, 1866 Lanvale Al-

Remarks, 8 9 7 0 0 6 3 4 6 7

Wm J C Dulany Co., City Printers and Stationers.

Section 2. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause blank schedules, such as are hereinafter described, to be kept at the office of the Commissioner of Health, and to be furnished by the Commissioner of Health to the midwives and practitioners of medicine and surgery in the city of Baltimore, who shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83360

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8
4. *Place of Birth, (Street and Number)* 730 S. Bond Ste
5. *Full Name of Mother,* Annie Gerčak
6. *Mother's Maiden Name,* Bruzkosky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Gerčak
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pole

*Name of Medical Attendant,* or other person who makes this Return, Dr. Mary Pitt

*Address,* 838 S. Bond Ste

*Remarks,* Balto. Md. City.

8970003468

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83366

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* .....

1. *Sex, (state whether male or female)* ..... Male
2. *Race or Color, (if not of the white race)* ..... Colored
3. *Date of Birth,* ..... Friday June 18th 1897.
4. *Place of Birth, (Street and Number)* ..... 813 Stirling Street.
5. *Full Name of Mother,* ..... Virginia Knight
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* ..... Maryland
8. *Full Name of Father,* ..... Warner Knight
9. *Father's Occupation* ..... Laborer
10. *Father's Birthplace.* ..... Mathews County Va.

*Name of Medical Attendant,* or other person who makes this Return, ..... Jane West.

*Address,* ..... 902 Hillman Street.

*Remarks,* .....

8 9 7 0 0 0 3 4 6 9

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83367

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1897.
4. Place of Birth, (Street and Number) 1610 E. Preston st.
5. Full Name of Mother, Maggie R. Cooper
6. Mother's Maiden Name, " " Thompson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Howard B. Cooper
9. Father's Occupation Hatter
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8970003470

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83368

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19th June
4. *Place of Birth, (Street and Number)* No 1143 Cleveland Ste.
5. *Full Name of Mother,* Georgie E. Kelle
6. *Mother's Maiden Name,* Mc. Coll
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John H. Kelle
9. *Father's Occupation* Carbuilder
10. *Father's Birthplace,* Trappe Talbot Co Md.

*Name of Medical Attendant, or other person who makes this Return,* Mrs A M. Bischoff

*Address,* No 1424 S. Chester Ste.

*Remarks,*

8970003471

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83369

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 19, 1897
4. Place of Birth, (Street and Number) 135 Welcome al
5. Full Name of Mother, Alberta Carr
6. Mother's Maiden Name, Cornish
7. Mother's Birthplace, Leonardtown, Md.
8. Full Name of Father, Daniel Carr
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. Pallack

Address. 115 N. Bond St. Evening Dispensary

Remarks,

8470003472

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83370

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (~~*state whether 1st, 2d, 3d, &c.*~~) .....

1. *Sex,* (~~*state whether male or*~~ *female*) .....
2. *Race or Color,* (~~*if not of the*~~ *white race*) .....
3. *Date of Birth,* June 19th 1894.
4. *Place of Birth,* (*Street and Number*) 214 Wilkins Ave.
5. *Full Name of Mother,* Mary L Thompson.
6. *Mother's Maiden Name,* Mary L Anderson
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* Henry L Thompson
9. *Father's Occupation* Conductor B & O R R Co.
10. *Father's Birthplace,* Howard Co Md.

*Name of Medical Attendant,* or other person who makes this Return. John L Strozier M.D.

*Address,* 662 N Eutaw St.

*Remarks,* 8 9 7 U 0 0 3 4 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8337/

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) ~~male~~ / female
2. ~~Race or Color, (if not of the~~ white race)
3. Date of Birth, June 20th
4. Place of Birth, (Street and Number) 217. W. Saratoga
5. Full Name of Mother, Marie L. Haeffner
6. Mother's Maiden Name, " " Schneider
7. Mother's Birthplace, City Balto
8. Full Name of Father, John F. Haeffner
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Boardman M.D.

Address, 207. N. Gilmor St

Remarks,

8970003474

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83372

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 20. 1897.
4. *Place of Birth, (Street and Number)* 1002 Eisquith St.
5. *Full Name of Mother,* Elisa Lebale
6. *Mother's Maiden Name,* Elisa Birkholz
7. *Mother's Birthplace,* Weinheim – Germany.
8. *Full Name of Father,* F. Frank Jos. Lebale
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Haldus, Hessen – Nassau – Germany.

*Name of Medical Attendant,* or other person who makes this Return. F. Lebale

*Address,* 1002 Eisquith St.

*Remarks,*

8970003475

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83373

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Mary Matilda Butts

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20. th 1897

4. Place of Birth, (Street and Number) 1444. Patapsco . St

5. Full Name of Mother, Mary . (Butts) Bty .

6. Mother's Maiden Name, Mary . Elliott

7. Mother's Birthplace, Baltimore . md

8. Full Name of Father, George . Theodore . (Butts) Bty

9. Father's Occupation Sailsman

10. Father's Birthplace, Baltimore . md

Name of Medical Attendant, or other person who makes this Return, Ellenora . A . anderson

Address, 1434 Patapsco . St

Remarks,

8970003476

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83374

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore June 20, 1897.
4. Place of Birth, (Street and Number) 822 E. Baltimore St. Balto.
5. Full Name of Mother, Katy Juietsner
6. Mother's Maiden Name, Katy Juice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eddy Juietsner
9. Father's Occupation, Express-man
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 102 et. High Street. Balto.

Remarks, 8970003477

The Board of Health shall cause a blank to be furnished to the Attending Physician, Midwife or other person who shall have charge of each case of birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83375

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth.* | June 25 1897 |
| 4. *Place of Birth, (Street and Number)* | 1636 E. Fayette St |
| 5. *Full Name of Mother,* | Hannah Smelstein |
| 6. *Mother's Maiden Name,* | Hannah Kashland |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | Moses Smelstein |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Balto. Md |
| *Name of Medical Attendant, or other person who makes this Return,* | G. Kashell M.D. |
| *Address,* | 2340 Madison Ave, |
| *Remarks,* | Born 4.30 A.M. |

8970003478

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83376

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 20 June |
| 4. *Place of Birth, (Street and Number)* | 1404 Hull st. |
| 5. *Full Name of Mother,* | Marg. Pries |
| 6. *Mother's Maiden Name,* | " Sutter |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Rob. Pries |
| 9. *Father's Occupation,* | Laboer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Kath. Mann |
| *Address,* | 1331 Hull St. |
| *Remarks,* | 7. month. |

8 9 7 0 0 0 3 4 7 9

register of such birth, and shall enter the same in a book to be kept for that purpose, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83377

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fift = child =

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 20 June = 18-97 =
4. Place of Birth, (Street and Number) 721 = Ricketts = Court
5. Full Name of Mother, Mary = Lue Wagner = Sutton
6. Mother's Maiden Name, Mary = Lue Wagner = Smith
7. Mother's Birthplace, S C = Baltimore Co St
8. Full Name of Father, Lemuel = Smith
9. Father's Occupation, Labor
10. Father's Birthplace, West = River = MD

Name of Medical Attendant, or other person who makes this Return, [redacted] = Handsford

Address, 1014 = York = St

Remarks,

8970003480

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83378

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) — — —
3. Date of Birth, June 21/97
4. Place of Birth, (Street and Number) No 1326 Eastland ave
5. Full Name of Mother, Mary Crummer
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aaron Crummer
9. Father's Occupation Wheelright
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1407 E Monument St

Remarks,

1897 0003481

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83379

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) color
3. Date of Birth, June 21 1897
4. Place of Birth, (Street and Number) 8 east hugh
5. Full Name of Mother, Hattie west
6. Mother's Maiden Name, Hattie Mallock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, leven west
9. Father's Occupation, laven
10. Father's Birthplace, norcarolina

Name of Medical Attendant, or other person who makes this Return, Louvie Handford

Address, 114 East York st

Remarks,

8970003482

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83380

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 21" 97 |
| 4. *Place of Birth, (Street and Number)* | 1208 Park ave |
| 5. *Full Name of Mother,* | Bulah M Butler |
| 6. *Mother's Maiden Name,* | Bulah M Smith |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Eugene Butler |
| 9. *Father's Occupation,* | Brakeman |
| 10. *Father's Birthplace,* | Baltimore Co Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Albert K Hadel M.D |
| *Address,* | 136 W Lanvale St |
| *Remarks,* | |

8970003483

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83381

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21 1897
4. Place of Birth, (Street and Number) 2430 Stockton St
5. Full Name of Mother, Rose J. Massieu.
6. Mother's Maiden Name, Rose J. Kelly
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Julian Massieu.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, G. Bushell, M.D.

Address, 1340 Madison Ave

Remarks, Born D. D. Md.

8970003484

Wm. J. C. Dulany Co., City Printers and Stationers

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to compply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83382

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 E

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1897
4. *Place of Birth, (Street and Number)* 501 S. Holly St
5. *Full Name of Mother,* Carrie Paul
6. *Mother's Maiden Name,* Carrie Walker
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Paul
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mary Engelhardt

*Address,* 1726 Eastern Ave Balto Md

*Remarks,*

8970003485

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83383

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 1894
4. Place of Birth, (Street and Number) 701 E Preston st
5. Full Name of Mother, Mary E. Harrison Dickinson
6. Mother's Maiden Name,
7. Mother's Birthplace, Kent Co Md
8. Full Name of Father, L O. Harrison
9. Father's Occupation, Druggist
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, E W. Free

Address, 662, N Carey st

Remarks,

8970003486

Wm J C. Dulany Co., City Printers and Stationers.

Register of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the following particulars, which have occurred under his or her care during the month, and shall be delivered, duly signed by the Physician or Practitioner in charge, to the office of the Commissioner in the form of a certificate before the birth of any child shall be registered. In case the mother, immediately thereafter, in the manner and with the penalties and forfeitures as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83384

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 t

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of June 1897.
4. *Place of Birth, (Street and Number)* 2127 Fairmont Ave
5. *Full Name of Mother,* Fanni Gibson
6. *Mother's Maiden Name,* Fanni Jan Kirsley
7. *Mother's Birthplace,* Somerset County
8. *Full Name of Father,* Thomas Gibson
9. *Father's Occupation* Salsman
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Miss Lelia Hill

*Address,* 207 N. Castle St.

*Remarks,*

8970003407

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83385

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born June 23rd 1897
4. Place of Birth, (Street and Number) 112 Durham St. Baltimore Md.
5. Full Name of Mother, Martha Mason
6. Mother's Maiden Name, Martha Roberson
7. Mother's Birthplace, Richmond County Va
8. Full Name of Father, John Mason
9. Father's Occupation Sailor
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Gregranna Brooks

Address, 1757 E. Monument St.

Remarks. Dr. McShane please to come and look at the baby's eyes. 112 Durham St 4 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83386

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24/97 |
| 4. *Place of Birth, (Street and Number)* | 1612 E. Fayette St |
| 5. *Full Name of Mother,* | Bertha V. Pearce |
| 6. *Mother's Maiden Name,* | " " Barney |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Chas. S. Pearce |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant,* or other person who makes this Return, | J. C. Ahlendorf M.D. |
| *Address,* | 518 N. Bond St |
| *Remarks,* | |

8970003489

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83387

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored Race
3. Date of Birth, 24th day of June 1899
4. Place of Birth, (Street and Number) 1408 Jefferson st
5. Full Name of Mother, Francis E. Jenkins
6. Mother's Maiden Name, Francis Sullivan
7. Mother's Birthplace, Emmanuel County Va.
8. Full Name of Father, Lawrence Jenkins
9. Father's Occupation, Porter
10. Father's Birthplace, Amalgorita Texas

Name of Medical Attendant, or other person who makes this Return. Eva Jean Tibbs

Address, 719 Brown st Balto City

Remarks, 7 months this might 8½ lbs

1 8970003490

register of such birth, and, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 11-29-55

# RETURN OF A BIRTH. 83388

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Bailey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26th 1897
4. Place of Birth, (Street and Number) 1141 Wilmer Alley.
5. Full Name of Mother, Cora J Bailey
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elack Lockares
9. Father's Occupation, Coal Driver
10. Father's Birthplace, Sing Geary Co Va.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Thames St

Remarks,

8970003491

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 83389

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2630 E Baltimore st |
| 5. *Full Name of Mother,* | Elizabeth Klank |
| 6. *Mother's Maiden Name,* | " Noll |
| 7. *Mother's Birthplace,* | Philadelphia Pa |
| 8. *Full Name of Father,* | Conrade Klank |
| 9. *Father's Occupation* | Silver Manufacturer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | J. Ridgway André M. D. |
| *Address,* | 1123 E Balto st |
| *Remarks,* | |

8 9 7 U 0 0 3 4 9 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83390

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or ~~Color~~, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 27/97 |
| 4. *Place of Birth, (Street and Number)* | 1324 N Calhoun St |
| 5. *Full Name of Mother,* | Marion A. Brown |
| 6. *Mother's Maiden Name,* | Marion A. Riddlely |
| 7. *Mother's Birthplace,* | Boston Mass |
| 8. *Full Name of Father,* | Horton D. Brown |
| 9. *Father's Occupation* | Practicing Medicine |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr J.D. Credit |
| *Address,* | 1900 N. Pine St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

[orm 1236.]

# RETURN OF A BIRTH. 83391

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 28 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1135 N Woodyear |
| 5. *Full Name of Mother,* | Katie Jennings |
| 6. *Mother's Maiden Name,* | " Singer |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Martin Jennings |
| 9. *Father's Occupation* | Driver of wagons |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Charles H Bubeb. |
| *Address,* | 1928 Penna. Ave, |
| *Remarks,* | |

8970003494

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83392

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28th 97
4. Place of Birth, (Street and Number) 1723 Ensor St
5. Full Name of Mother, Sarah Hobbs Meehan
6. Mother's Maiden Name, Sarah Hobbs
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Walter B Meehan
9. Father's Occupation, Lawyer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J K Galloway M.D.

Address, 318 E Lanvale St.

Remarks,

8970003495

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-23-49

# RETURN OF A BIRTH. 83393

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Christina Albert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 97
4. Place of Birth, (Street and Number) 1615 Gough St.
5. Full Name of Mother, Maggie E. Albert
6. Mother's Maiden Name, Maggie E. Eltzman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John V. Albert
9. Father's Occupation Copper
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Thos. Hill, M.D.

Address, 2340 Madison Avenue

Remarks, Born 7.30 A. M.

8971003496

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83394

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st of June 1897.

4. Place of Birth, (Street and Number) 813 E. Fayette St

5. Full Name of Mother, Yetta Berger

6. Mother's Maiden Name, Yetta Crangelburg

7. Mother's Birthplace, England

8. Full Name of Father, Joe Berger

9. Father's Occupation Bottomholemaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks, 8970003497

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83395

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of nuidwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 1st 1897
4. Place of Birth, (Street and Number) No 906 Warsche St.
5. Full Name of Mother, Rosa Felton
6. Mother's Maiden Name, Washington
7. Mother's Birthplace, Old Co. Virginia
8. Full Name of Father, Edwin Felton
9. Father's Occupation Driving
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Thos. F. Myers.

Address, No. 722 Bradley St.

Remarks,

8470003498

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83396

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | ~~F~~ M. |
| *2. Race or Color (if not of the white race),* | M. |
| *3. Date of Birth,* | June 1 - 97 |
| *4. Place of Birth (Street and Number),* | 1149 E Lombard |
| *5. Full Name of Mother,* | Ida Myers. |
| *6. Mother's Maiden Name,* | a Schensman |
| *7. Mother's Birthplace,* | Russia. |
| *8. Full Name of Father,* | Jacob Myers. |
| *9. Father's Occupation,* | Store |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Whitehead M.D. |
| *Address,* | 1121 East Baltimore St. |
| *Remarks,* | |

~~84~~ 7 0 0 3 4 9 9

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH 83397

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | F. |
| *2. Race or Color (if not of the white race),* | Br. |
| *3. Date of Birth,* | June 1st 1897 |
| *4. Place of Birth (Street and Number),* | 604 N. Calvert St. |
| *5. Full Name of Mother,* | Theresa E. Taylor. |
| *6. Mother's Maiden Name,* | — Doran |
| *7. Mother's Birthplace,* | Dublin Ireland. |
| *8. Full Name of Father,* | Thos. E. Taylor. |
| *9. Father's Occupation,* | Grocer. |
| *10. Father's Birthplace,* | Maryland. |
| *Name of Medical Attendant,* or other person who makes this Return. | Assn. Substituted by |
| *Address,* | 1121 E. Balt. St. |
| *Remarks,* | |

8 9 7 0 0 0 3 5 0 0

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83398

GIVEN NAME ADDED 7/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Mabel Hubbel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1897.
4. Place of Birth, (Street and Number) 1314 N. Dallas st.
5. Full Name of Mother, Mary Hubbel
6. Mother's Maiden Name, " Whitney
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Augustus J. Hubbel
9. Father's Occupation Salesman
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Finby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8970003501

Wm. J. C. Dulany Co., City Printers and Stationers.

The Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83399

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex (state whether male or female),* M.
2. *Race or Color (if not of the white race),* W.
3. *Date of Birth,* June 2nd 1897
4. *Place of Birth (Street and Number),* 1122 E. Fayette.
5. *Full Name of Mother,* Sarah Levi
6. *Mother's Maiden Name,* Kaster
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Joseph Levi
9. *Father's Occupation,* Tailor.
10. *Father's Birthplace,* Russia.

*Name of Medical Attendant,* or other person who makes this Return. Alfred L. Whitehead M.D.

*Address,* 1121 E. Baltimore St.

*Remarks,*

8477U003502

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH 83455

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex (state whether male or female),* | M. |
| 2. *Race or Color (if not of the white race),* | W. |
| 3. *Date of Birth,* | June 2. 1897 |
| 4. *Place of Birth (Street and Number),* | 308 S. High St. |
| 5. *Full Name of Mother,* | Ida Hansen. |
| 6. *Mother's Maiden Name,* | Cahn. |
| 7. *Mother's Birthplace,* | W. Germany |
| 8. *Full Name of Father,* | Wolfe Hansen. |
| 9. *Father's Occupation,* | Cigars. |
| 10. *Father's Birthplace,* | W. Germany. |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred W. Litchead M.D. |
| *Address,* | 1121. E. Balto St. |
| *Remarks,* | |

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

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# RETURN OF A BIRTH. 83401

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9the 2d. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9the 20 June 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1227 Hollbrook st |
| 5. *Full Name of Mother,* | Josephine Moller |
| 6. *Mother's Maiden Name,* | Josephine Gumbert |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry C. Moller |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Leh Lauer |
| *Address,* | No 1954 Harford Ave |
| *Remarks,* | Bal. Md |
| | 1897 |

8 9 7 U 0 0 3 5 0 4

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83402

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 3rd
4. *Place of Birth, (Street and Number)* 807 Aisquith St.
5. *Full Name of Mother,* Mary Pribilsky
6. *Mother's Maiden Name,* Jaworsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Pribilsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

*Name of Medical Attendant, or other person who makes this Return,* Mary Pett

*Address,* 838 S. Broad St. Baltimore Md.

*Remarks,* City

8970003505

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83403

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1897
4. Place of Birth, (Street and Number) Towson Town Hutton Ave
5. Full Name of Mother, Elizabeth Laslup
6. Mother's Maiden Name, Eliz Phillips
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edw A Laslup
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Crane

Address, 1660 N. Gilmor st

Remarks,

8970003506

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83404

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of June 1897
4. Place of Birth, (Street and Number) Baltimore Ind # 426 Parrish St.
5. Full Name of Mother, Ida B Craven
6. Mother's Maiden Name, " " Lant
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph P Craven
9. Father's Occupation, Machinest
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Mary Kraning.

Address, # 414 S. Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8970003507

Wm J C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83402

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1897.
4. Place of Birth, (Street and Number) 1529 McElderry st.
5. Full Name of Mother, Eva Irene Stortz Schellenschlager
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Fred. H. W. Stortz
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E.B. Finby

Address, 1219 N. Caroline st.

Remarks,

8970003508

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83406

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5th 1897

4. Place of Birth, (Street and Number) 2103 W. Lexington st

5. Full Name of Mother, Edna Bell Lelompte

6. Mother's Maiden Name, " Little

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Howard Lloyd LeBompte

9. Father's Occupation City-Carl-Driver

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8970003589

register of such Birth, and shall contain a list of the births therein, the full name of each child, its sex, color, date and place of birth; and the Health. This schedule shall contain as far as the same can be ascertained the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall contain as far as the same can be ascertained the full name of each child, its sex, color, date

# RETURN OF A BIRTH. 83407

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 5th
4. Place of Birth, (Street and Number) 1402 Nord St
5. Full Name of Mother, Lizzie A Carter
6. Mother's Maiden Name, Lizzie Butler
7. Mother's Birthplace, Swanton, County Worcester Shore
8. Full Name of Father, Wesley Carter
9. Father's Occupation Laborer
10. Father's Birthplace, Charles County

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm St

Remarks,

8970003510

Baltimore [illegible] birth, and shall [illegible] a list of the births [illegible] the full name of [illegible] and place of birth, and the register of such birth, and shall contain a list of the births [illegible] the full name of [illegible] and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and place of birth, and the Health. This schedule shall contain a list of the births [illegible] the full name of [illegible] and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or [illegible] it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C[illegible]ulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83408

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

Name James Herbert Wilkerson

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6th 1897
4. Place of Birth, (Street and Number) 304 Dawson St.
5. Full Name of Mother, Annie Wilkerson.
6. Mother's Maiden Name, Annie Timm
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jas. Wm Wilkerson
9. Father's Occupation, Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bartus Trew M D

Address, 315 N Paca St

Remarks,

8970003511

register of [illegible]. This schedule shall contain a [illegible] the same can be ascertained the [illegible] month, and shall set forth as far as the same can be ascertained the date and place of birth, [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83409

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6, 1897
4. *Place of Birth, (Street and Number)* 204 Canton Ave.
5. *Full Name of Mother,* Helen Agnes Busker
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Ernest Arnis
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Britt

*Address,* 838 S. Bond Ste.

*Remarks,* Baltimore

8 9 7 0 0 0 3 5 1

C. Dulany Co., City Printers and Stationers.

BIRTH 8410

To the Office of Registrar of Board of Health, Baltimore City.

84109

Name: Fanny M... Gilb...

No. of Child of Mother, (state whether 1st, ...

1. Sex, (state whether male or female) ...ale

2. Race or Color, (if not of the white race) White

3. Date of Birth, July ...e 1897

4. Place of Birth, (Street and Number) ... E. Bond St

5. Full Name of Mother, Fanny Kaplan

6. Mother's Maiden Name, Fanny Chessis

7. Mother's Birthplace, Poland Austria

8. Full Name of Father, Owen Gilbert

9. Father's Occupation Watch maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return ...

Address, 1121 E. Lom... rd St

Remarks, 897005 513

1898.]

# RETURN OF A BIRTH. 84110

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

84110

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21th July 1897
4. Place of Birth, (Street and Number) 1046 Dawes Alley
5. Full Name of Mother, Ida Chickerer
6. Mother's Maiden Name, Ida Wheeler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Chickerer
9. Father's Occupation Country Police
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks

1897000351 4

Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83893

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2d 1897
4. *Place of Birth, (Street and Number)* 402 N Stricker
5. *Full Name of Mother,* Sadie L Merriott
6. *Mother's Maiden Name,* Sadie L East
7. *Mother's Birthplace,* Lemont Va
8. *Full Name of Father,* Wm E Merriott
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs. M. J. Dunleavy

*Address,* 721 Broadway

*Remarks,*

8970003515

Wm. J. C. Dulany Co., City Printers and Stationers.

...the Practitioner in the form of a certificate between the first and ... office of the Commissioner of Health. In case the birth of any child ... physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83894

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William A. Hawkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July 8, 1894
4. Place of Birth, (Street and Number) 711 Vine St
5. Full Name of Mother, Julia Hawkins
6. Mother's Maiden Name, Julia Brown
7. Mother's Birthplace, East River Anne Arundel
8. Full Name of Father, J. H. Hawkins.
9. Father's Occupation Barber
10. Father's Birthplace, Guilford Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. Williams

Address, 711 Vine St

Remarks,

8970003516

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83895

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 July 1897
4. Place of Birth, (Street and Number) 2106 W Vine st City
5. Full Name of Mother, Mrs Margaret D Thompson
6. Mother's Maiden Name, Margaret D Fox
7. Mother's Birthplace, Belair Harford Co
8. Full Name of Father, William H. Thompson
9. Father's Occupation Wheel Wright
10. Father's Birthplace, North Yarmouth Maine

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Gill

Address, 2101 W Vine st City

Remarks,

8970003517

Wm. J. C. Dulany Co., City Printers and Stationers.

96.]

GIVEN NAME ADDED 2-16-65

# RETURN OF A BIRTH. 83896

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Emma Mabel Pape

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th July 1894
4. Place of Birth, (Street and Number) 8 W Oxford St
5. Full Name of Mother, Lizzie Pape
6. Mother's Maiden Name, M. Lizzie Conrad
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry R Pape
9. Father's Occupation Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Mill

8970003518

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH, 83897

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | B |
| 1. *Sex (state whether male or female)* | M |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | July 4 1897 |
| 4. *Place of Birth, (Street and Number)* | 1043 N. Mount |
| 5. *Full Name of Mother* | Emma Hedley |
| 6. *Mother's Maiden Name* | " Rupprecht |
| 7. *Mother's Birthplace* | City |
| 8. *Full Name of Father* | Clifford Hedley |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace* | City |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm Dennis M.D. |
| *Address* | 1220 Linden ave |
| *Remarks* | |

1897 0003519

# RETURN OF A BIRTH. 83898

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (~~state whether~~ male ~~or female~~) .....
2. Race or Color, (~~if not of the~~ white ~~race~~) .....
3. Date of Birth, July 4th 1897, 3 P.M.
4. Place of Birth, (Street and Number) 1736 East Chase St
5. Full Name of Mother, Belle Kinnmitt
6. Mother's Maiden Name, " Forman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Kinnmitt
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Abr. Rothenberg M.D.

Address, 25 N Preston St

Remarks, Instrumental. I brought the Mother into the world with instruments 8th to 12th at 5.20 20 pm Aug

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83899

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | 4 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1109 Stark st |
| 5. *Full Name of Mother,* | Crissy Morgan |
| 6. *Mother's Maiden Name,* | Crissy Clarke |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Henry Morgan |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Miss Ann Taylor |
| *Address,* | 41 Guilford alley |
| *Remarks,* | |

8970003521

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83900

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 4th 1897
4. Place of Birth, (Street and Number) 1510 Convent Alley
5. Full Name of Mother, Lizzie Johnson
6. Mother's Maiden Name, Lizzie Nelson
7. Mother's Birthplace, Ellicott City Howard Co
8. Full Name of Father, Henry Johnson
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lafayette Ave City

Remarks,

8970003522

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83901

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Thomas Emory Barton, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1897
4. *Place of Birth, (Street and Number)* No 6 Eight St City
5. *Full Name of Mother,* Jenette Barton
6. *Mother's Maiden Name,* Jenette Gerber
7. *Mother's Birthplace,* Black Rock Balto Co Md
8. *Full Name of Father,* Thomas Emory Barton
9. *Father's Occupation* Machinist + Engineer
10. *Father's Birthplace,* Balto City Maryland

*Name of Medical Attendant,* or other person who makes this Return, Elizabeth Wikes

*Address,* Carroll Sta D Balto

*Remarks,*

8970003523

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83902

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4 July 1877
4. Place of Birth, (Street and Number) N Franklin St 629
5. Full Name of Mother, Fanina Gwynn
6. Mother's Maiden Name, Fanina Mathews
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edgar Gwynn
9. Father's Occupation, merchant
10. Father's Birthplace, Prince George County

Name of Medical Attendant, or other person who makes this Return, Dr Reinhard

Address, 220 N Madison Street

Remarks,

8 9 7 0 0 0 3 5 2 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1236.]

# RETURN OF A BIRTH. 83903

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4. July

4. Place of Birth, (Street and Number) 1307 Caisse st.

5. Full Name of Mother, Evi Pedzel

6. Mother's Maiden Name, " Krabt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jab. Pedzel

9. Father's Occupation Restinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lutz. M.D.

Address, 1531 Hull st Locust Point

Remarks,

8 9 7 0 0 0 3 5 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

# RETURN OF A BIRTH 83904

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (~~state whether~~ male ~~or female~~)* | Anton Fetting Waltz |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 4- 1894 |
| 4. *Place of Birth, (Street and Number)* | 705 N. Fremont St |
| 5. *Full Name of Mother,* | Ada Waltz |
| 6. *Mother's Maiden Name,* | Ada Fetting |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Geo. R. Waltz |
| 9. *Father's Occupation,* | Salesman |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant, or other person who makes this Return.* | Chas. B. Latimer |
| *Address,* | 211 W. Monument St |
| *Remarks,* | Chloroform in 3rd Stage. Post partum hemorrhage easily arrested. |

8 4 7 U 0 0 3 5 2 6

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# RETURN OF A BIRTH 83905

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | M. |
| *2. Race or Color (if not of the white race),* | W |
| *3. Date of Birth,* | July 4 1897 |
| *4. Place of Birth (Street and Number),* | 1149 E Lanvale |
| *5. Full Name of Mother,* | Yetta Sachs |
| *6. Mother's Maiden Name,* | Lesman |
| *7. Mother's Birthplace,* | Russia |
| *8. Full Name of Father,* | Isak Sachs |
| *9. Father's Occupation,* | Tailor |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Upton Brooks |
| *Address,* | 1149 E Lanvale |
| *Remarks,* | |

8 9 7 0 0 0 3 5 2 7

shall be delivered. duly signed by the practitioner in the form of a certificate printed on the back hereof. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH. 83900

GIVEN NAME ADDED 5-1-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charlotta Pearl Durham 2nd

| | | |
|---|---|---|
| No. | *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. | *Sex, (state whether male or female)* | Female |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | July 4th 1897 |
| 4. | *Place of Birth, (Street and Number)* | 1836 Lorman St |
| 5. | *Full Name of Mother,* | Alice V. Durham, |
| 6. | *Mother's Maiden Name,* | Alice V Grace |
| 7. | *Mother's Birthplace,* | Anne Arundel Co Md |
| 8. | *Full Name of Father,* | Hallie B. Durham |
| 9. | *Father's Occupation,* | Huckster |
| 10. | *Father's Birthplace,* | Anne Arundel Co. Md |
| | *Name of Medical Attendant, or other person who makes this Return,* | D. W. J. Chappelle. |
| | *Address,* | 1351 N Gilmor St |
| | *Remarks,* | |

Any person under whose charge or superintendence a birth shall hereafter take place, shall keep a true account of the same, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health of Baltimore. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8970003528

# RETURN OF A BIRTH. 83907

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1897
4. *Place of Birth, (Street and Number)* 1012 E Balto St
5. *Full Name of Mother,* Fannie Kensal
6. *Mother's Maiden Name,* Korn
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Herman Kensal
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace,* Germania

*Name of Medical Attendant,* or other person who makes this Return, Rosa Finnberg

*Address,* 95 Lloyd St

*Remarks,*

8 9 7 0 0 0 3 5 2 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83908

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1897
4. *Place of Birth, (Street and Number)* 1415 Eastern Ave
5. *Full Name of Mother,* Annie Scotts
6. *Mother's Maiden Name,* Annie Neely
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Scotts
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return. Mary Engelhardt

*Address,* 1726 Eastern Ave Baltimore Md

*Remarks,*

8970003530

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 83909

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 5th " 97 |
| 4. *Place of Birth, (Street and Number)* | 1127 Penna. Ave |
| 5. *Full Name of Mother,* | Anna Boblitz |
| 6. *Mother's Maiden Name,* | " " Vollers |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Boblitz |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs. Kate A. Geiglein |
| *Address,* | 805 Vine st. |
| *Remarks,* | |

8970003531

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# RETURN OF A BIRTH. 83913

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Albert Louis Struven

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1897
4. Place of Birth, (Street and Number) 110 S. Patterson Park Ave
5. Full Name of Mother, Mary Annie Struven
6. Mother's Maiden Name, Lotz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry G. Struven
9. Father's Occupation Ship Chandler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Nef L.M.D.

Address, 701 S. Caroline Ave

Remarks,

8970003532

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83911

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lottie Cornish

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July the 5 - 1897
4. Place of Birth, (Street and Number) 1123 E Garrett Alley
5. Full Name of Mother, Lottie Cornish
6. Mother's Maiden Name, Lottie Palmer
7. Mother's Birthplace, Maryland
8. Full Name of Father, Jeremiah Cornish
9. Father's Occupation D. Barber.
10. Father's Birthplace, Cambridge Md.

Name of Medical Attendant, or other person who makes this Return, Annie L. Mc Davis

Address, 914 Peach alley.

Remarks,

8970003533

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83912

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 5th 1894 |
| 4. *Place of Birth, (Street and Number)* | 513 William St |
| 5. *Full Name of Mother,* | Annie Butchkay |
| 6. *Mother's Maiden Name,* | Annie Pira |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Walter E Butchkay |
| 9. *Father's Occupation* | Brakeman B O R R |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant, or other person who makes this Return,* | E A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

8970003534

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Every person who shall be present at the birth of any child, and every householder in whose house any child shall be born, and every person who shall have charge of any child born elsewhere than in a house, shall report the birth of such child, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

38.]

# RETURN OF A BIRTH. 83913

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 5 1897

4. Place of Birth, (Street and Number) 15. E Heath st

5. Full Name of Mother, Mary Mabel

6. Mother's Maiden Name, Bratsch

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Muhl

9. Father's Occupation Waiter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E Fort Ave.

Remarks,

8970003535

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83914

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the white race~~)
3. Date of Birth, July 5 1897
4. Place of Birth, (Street and Number) 923 N. Madison Ave.
5. Full Name of Mother, Birdie Stern
6. Mother's Maiden Name, Birdie Eunstine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leopold Stern
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Thos. Cooper.

Address, 914 N. Charles St.

Remarks,

8970003536

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83915

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Black |
| 3. Date of Birth, | July 5th 1897 |
| 4. Place of Birth, (Street and Number) | 521 Hoffman |
| 5. Full Name of Mother, | Mary L Carpenter |
| 6. Mother's Maiden Name, | " " Dorsey |
| 7. Mother's Birthplace, | Annapolis |
| 8. Full Name of Father, | Chas Carpenter |
| 9. Father's Occupation, | Waiter |
| 10. Father's Birthplace, | Balt. |
| Name of Medical Attendant, or other person who makes this Return, | John A Evans M.D |
| Address, | |
| Remarks, | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83916

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5 1897
4. Place of Birth, (Street and Number) No 1740 Light st
5. Full Name of Mother, Martha Young
6. Mother's Maiden Name, " Mack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Young
9. Father's Occupation ~~Boston~~ Sailor
10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Lees

Address, No 1705 Byrd st

Remarks, Baltimore

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

**STATE OF MARYLAND**

HR-RM 32
(4-1-54)
Hall of Records Commission

# RETURN OF A BIRTH. 83916

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5 1897
4. Place of Birth, (Street and Number) No 1746 Light st
5. Full Name of Mother, Martha Young
6. Mother's Maiden Name, " Mack
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Young
9. Father's Occupation ~~Boston~~ Sailor
10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Lee

Address, No 1705 Byrd st

Remarks, Baltimore

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236 | Over

# RETURN OF A BIRTH. 83917

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6
4. Place of Birth, (Street and Number) 1514 Aliciana Stt.
5. Full Name of Mother, Annie (Mar) Mohr
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (Mar) Mohr
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Grett

Address, 838 S. Bond Stt. Balto. Md.

Remarks,

Full name (Charles Mohr) City

8970003539

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A

GIVEN NAME ADDED 2-21-58

083918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore Ci

Bessie L. Bireley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday July 5 th 1897
4. Place of Birth, (Street and Number) No 1513 Byrd St
5. Full Name of Mother, Annie Bireley
6. Mother's Maiden Name, Annie Cayler
7. Mother's Birthplace, Frederick County
8. Full Name of Father, Samuel C Bireley
9. Father's Occupation Engineerman
10. Father's Birthplace, Frederick County

Name of Medical Attendant, or other person who makes this Return, Catherine Horn

Address, No 1517 Byrd St. City

Remarks,

8970003540

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83919

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 108 Roseland Ave Balto city |
| 5. *Full Name of Mother,* | Annie Maria Brown |
| 6. *Mother's Maiden Name,* | Annie Maria Hundley |
| 7. *Mother's Birthplace,* | Richmond County Virginia |
| 8. *Full Name of Father,* | John Keil Brown |
| 9. *Father's Occupation,* | Switchman B & O R R Co |
| 10. *Father's Birthplace,* | Jamesville Frederick County Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Margt A Lambert |
| *Address,* | Cross St 1.22 |
| *Remarks,* | M Attn A. Fahy D. Mell |

Wm J C. Dulany Co., City Printers and Stationers.

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36.]

# RETURN OF A BIRTH. 83920

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Male ✓ |
| 2. *Race or Color, (if not of the white race)* | White ✓ |
| 3. *Date of Birth,* | July 5th 1897 ✓ |
| 4. *Place of Birth, (Street and Number)* | 1827 S Charles St ✓ |
| 5. *Full Name of Mother,* | Lizzie Spencer ✓ |
| 6. *Mother's Maiden Name,* | Lizzie Vincent ✓ |
| 7. *Mother's Birthplace,* | Newyork ✓ |
| 8. *Full Name of Father,* | David E Shuman ✓ |
| 9. *Father's Occupation* | Brakeman B&O R R ✓ |
| 10. *Father's Birthplace,* | Kentucky ✓ |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks ✓ |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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236.]

# RETURN OF A BIRTH. 83921

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1897
4. *Place of Birth, (Street and Number)* 113 Spring row
5. *Full Name of Mother,* Rachel Levery Lipsman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jack Levery
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Rosa Finebers

*Address,* 25 Lloyd St

*Remarks,*

been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered duly signed by the practitioner in third day of each and every month to the office of the Commissi shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately thereafter it shall becc child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offence, to be recovered

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83922

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. Sex, (state whether male or ~~female~~) .....
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, July 5th 1897
4. Place of Birth, (Street and Number) 2229 Division st
5. Full Name of Mother, Laura Morton
6. Mother's Maiden Name, Laura Jones
7. Mother's Birthplace, Maryland
8. Full Name of Father, John W. Morton
9. Father's Occupation, Porter on R.R.
10. Father's Birthplace, Maryland
11. Name of Medical Attendant, or other person who makes this Return, Alfonso M. Bell M.D
12. Address, 1031 Cathedral st
13. Remarks, .....

.....

.....

Each Physician, Midwife or other person who shall attend upon any birth, shall report its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83923

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 6th
4. Place of Birth, (Street and Number) 640 Raborg Street
5. Full Name of Mother, Jennie Phillips
6. Mother's Maiden Name, Jennie Simms
7. Mother's Birthplace, Maryland
8. Full Name of Father, John W. Phillips
9. Father's Occupation Waiter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Simms

Address, 640 Raborg Street

Remarks,

8 9 7 0 0 0 3 5 4 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83924

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 97
4. *Place of Birth, (Street and Number)* 527 Frederick ave
5. *Full Name of Mother,* Florence O Cassidy
6. *Mother's Maiden Name,* Florence O Wright
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Eugene J Cassidy
9. *Father's Occupation,* Paper box cutter
10. *Father's Birthplace,* City

*Name of Medical Attendant,* or other person who makes this Return, Bartus Trew M D

*Address,* 315 N Paca st

*Remarks,*

8 9 7 0 0 0 3 5 4 6

Any midwife, physician or person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and within the period above required, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83924

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Naomi Cassidy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 6th 1897
4. Place of Birth, (Street and Number) No. 527 Frederick Ave
5. Full Name of Mother, Florence Cassidy
6. Mother's Maiden Name, Florence Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eugene Cassidy
9. Father's Occupation Paper-Box-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave same

Remarks, GIVEN NAME ADDED 3-15-54

1897 0006 B 14 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1886.]

# RETURN OF A BIRTH. 83925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eight Child |
| 1. *Sex, (state whether male or female)* | White |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 6th July 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md # 436 S Strieker St |
| 5. *Full Name of Mother,* | Roselie Bresefrick |
| 6. *Mother's Maiden Name,* | Krone. |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | C. B. Bressfricke |
| 9. *Father's Occupation,* | Store Keeper |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Mary Kraning |
| *Address,* | # 414 S Strieker St. Baltimore Md. |
| *Remarks,* | Mother and Child are doing well. |

8970003548

Wm J C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 83926

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 6th July 1894 |
| 4. *Place of Birth, (Street and Number)* | 1226 Battery ave |
| 5. *Full Name of Mother,* | Anna Kerr |
| 6. *Mother's Maiden Name,* | Anna Kirsching |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Louis Kerr |
| 9. *Father's Occupation* | Laundryman |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | E J Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dayn Well |

8 7 7 U 0 0 3 5 4 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83927

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6th 1907 |
| 4. *Place of Birth, (Street and Number)* | 2817 Fait Ave. |
| 5. *Full Name of Mother,* | Gertie Cook |
| 6. *Mother's Maiden Name,* | Matthany |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Simon Cook |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | (Balto) St. Michels. |
| *Name of Medical Attendant,* or other person who makes this Return, | S P Harrington |
| *Address,* | 924 Bonney St. |
| *Remarks,* | 8970003550 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83928

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* July 5
4. *Place of Birth, (Street and Number)* 353 Yorke St
5. *Full Name of Mother,* Lillie Olmes
6. *Mother's Maiden Name,* Lillie Jones
7. *Mother's Birthplace,* Granville Co N C
8. *Full Name of Father,* B. G. Olmes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return. J. M. Allen

*Address,* 711 Fenden Hall St

*Remarks,*

8970003551

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83929

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6th. |
| 4. *Place of Birth, (Street and Number)* | 570 N. Stricker, East Side |
| 5. *Full Name of Mother,* | Katherine Teresa Sweeney |
| 6. *Mother's Maiden Name,* | Katherine Teresa Finnegan |
| 7. *Mother's Birthplace,* | New York N. Y. |
| 8. *Full Name of Father,* | James M. Sweeney |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Finney |
| *Address,* | 2310 Pleasant St |
| *Remarks,* | |

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970003552

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83930

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 6th 1897
4. Place of Birth, (Street and Number) 1016 Falcon St
5. Full Name of Mother, Louisa Copsal
6. Mother's Maiden Name, Louisa Rhemfelter
7. Mother's Birthplace, Sykesville Carroll Co Md
8. Full Name of Father, John H. Copsal
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Francis Walker

Address,

Remarks,

8970003553

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

# RETURN OF A BIRTH. 83931

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6
4. Place of Birth, (Street and Number) 1702 Pribilsky Lancaster Sts
5. Full Name of Mother, Josefine Pribilsky
6. Mother's Maiden Name, Swentichansky
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Pribilsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole.

Name of Medical Attendant, or other person who makes this Return, Mary Breth

Address, 838 S. Bond Sts

Remarks, Balto. Md. City.

8970003554

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83932

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6. July

4. Place of Birth, (Street and Number) 142 Garrett Av

5. Full Name of Mother, Elisab Marasch

6. Mother's Maiden Name, " Rausch

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Marasch.

9. Father's Occupation Laborer.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Emily Wm

Address, 1321 Hull St.

Remarks,

8 9 7 U 0 0 3 5 5 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83933

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6, 1897
4. Place of Birth, (Street and Number) 172 W. Cross St.
5. Full Name of Mother, Sarah Schein
6. Mother's Maiden Name, Sarah Oppenheim
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Schein
9. Father's Occupation Hat Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Barre St.

Remarks,

8 9 7 U 0 0 3 5 5 6

Every midwife or physician who shall have been in attendance upon any birth shall, within ten days thereafter, report to the Commissioner of Health such facts as may be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83934

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male William Theodore Frederick Heinze
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~1884 Somerset St~~ 7 July 1884.
4. *Place of Birth, (Street and Number)* 1007 Somerset St
5. *Full Name of Mother,* Mollie Heinze
6. *Mother's Maiden Name,* " Schwinn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Heinze
9. *Father's Occupation.* barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return. Mrs. Mary Bleach

*Address,* 1016 McDonough St

*Remarks,*

8 9 7 U 0 0 3 5 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

1236

GIVEN NAME ADDED 11-19-56

# RETURN OF A BIRTH. 83935

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Myrtle Dunn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 97.
4. Place of Birth, (Street and Number) 1520 Ramsay st
5. Full Name of Mother, Maggie V. Dunn
6. Mother's Maiden Name, Maggie V. Waltz
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Gustus B. Dunn
9. Father's Occupation Painter
10. Father's Birthplace, Balto - Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. Md.

Address, 1203 W. Fayette St.

Remarks,

1897U003558

Every birth occurring within the limits of Baltimore City shall be registered, and the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83936

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 7th 97.

4. Place of Birth, (Street and Number) 32 S. Carey St.

5. Full Name of Mother, Rebecca M. Brown

6. Mother's Maiden Name, Rebecca M. Sweetnow

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Allen F. Brown

9. Father's Occupation Carpenter

10. Father's Birthplace, Anne Arundel Co. Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Dale. M.D.

Address, 1203 W. Fayette St.

Remarks, 8470003559

Wm. J. C. Dulany Co., City Printers and Stationers.

...months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83937

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* July 7 1897.
4. *Place of Birth, (Street and Number)* 1416 Calhoun st.
5. *Full Name of Mother,* Laura Henry.
6. *Mother's Maiden Name,* Norris.
7. *Mother's Birthplace,* Western Md.
8. *Full Name of Father,* Thomas Henry
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Ellicotts Mills

*Name of Medical Attendant,* or other person who makes this Return, Mary L Jones

*Address,* 424 Saratoga st

*Remarks,* Balto Md

8 9 7 0 0 0 3 5 6 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Commissioner of Health is to keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83938

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* mail
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* July 7 1897
4. *Place of Birth, (Street and Number)* Lemmon 11 No 1325
5. *Full Name of Mother,* Obella Dierety
6. *Mother's Maiden Name,* Rachel Green
7. *Mother's Birthplace,* Canady Columbus
8. *Full Name of Father,* John F Dierty
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Tovi Haven a a Co

*Name of Medical Attendant,* or other person who makes this Return, Carline Green

*Address,* Carline Green 1066 Kalvert St

*Remarks,* all well

8970003561

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83939

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1897
4. Place of Birth, (Street and Number) 2503 Oliver St. Balto City.
5. Full Name of Mother, Margaret Anne Diffendall
6. Mother's Maiden Name, Margaret Anne Burke
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, William Henry Diffendall
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, Mrs Julia A. Groome

Address, 944 N. Gay St. Baltimore City

Remarks,

8 7 7 0 0 0 3 5 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83940

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2d 1897
4. Place of Birth, (Street and Number) 1647 Orleans St. Balto. City.
5. Full Name of Mother, Annie Fitch
6. Mother's Maiden Name, Annie Marburger.
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Joseph A. Fitch
9. Father's Occupation Plumber & Gas Fitter
10. Father's Birthplace, Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mrs. Julia A. Groome.

Address, 944 N. Gay St. Balto City.

Remarks,

8 4 7 0 0 0 3 5 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall prepare and furnish to the proper authorities of each district a sufficient number of blank schedules, which shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Child of Mother (state whether 1st 2nd 3rd &c)
State whether Male or female)
or Color (if not of the white Race)
of Birth
d of Birth (Street and number)
ll Name of Mother
thers Maiden Surname
thers Birth Place
ll Name of Father
thers Occupation
ther's Birth place
ame of Medical Attendant-
Hewett Hammond
227 arch 21- Baltimore Md

Third 83941
Male
Brownstown
7 of July
1007 2nd Fell ave
Mary (Hughes)
Flight
Baltimore Md
John (Hughes)
Quarter
Accouce Dr

GIVEN NAME ADDED 3-22-49.
Name: Jay Irvin Hughes

8 9 7 0 0 0 3 5 6 4

# RETURN OF A BIRTH. 83942

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July . 7th 1897
4. Place of Birth, (Street and Number) 1627 . Race . St
5. Full Name of Mother, Louise . zimerman
6. Mother's Maiden Name, Louise . Hipchen
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~[illegible]~~ jacob . zimerman
9. Father's Occupation Moterman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Ellennora . a . anderson

Address, 1434 . Patapsco . St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 3 5 6 5

Said Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83943

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8 — 1897
4. Place of Birth, (Street and Number) 518 S. Bond St. ~~Canton~~
5. Full Name of Mother, Barbara Scheff
6. Mother's Maiden Name, Fahl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Scheff
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1897 E. Fait St.

Remarks,

8970003566

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH

830 1/4

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-*

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8-1897.
4. Place of Birth, (Street and Number) 719 N. Fulton Ave
5. Full Name of Mother, Mrs Sallie A. Downes
6. Mother's Maiden Name, Miss Sallie A. Lawrence
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Robert Downes
9. Father's Occupation, Merchant
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other Person who makes this Return — C. H. Biedler M.D

Address, 119 W. Saratoga St

Remarks, Baltimore Md.

8 9 7 0 0 0 3 5 6 7

any nurse shall have been conferred,) its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & SN., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83945

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8 July 1897
4. *Place of Birth, (Street and Number)* [illegible] 315 Appleton
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Mary Coakley
7. *Mother's Birthplace,* on the sea
8. *Full Name of Father,* John Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Annie Hines

*Address,* 921 Ryan st Baltimore

*Remarks,*

8 9 7 0 0 0 3 5 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[36]

# RETURN OF A BIRTH. 83946

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 8 1897
4. *Place of Birth, (Street and Number)* 221½ Madeira Court
5. *Full Name of Mother,* Mary Gertrude Pasterfeld
6. *Mother's Maiden Name,* Sago
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Pasterfeld
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Stein

*Address,* 1427 E. Fratt St.

*Remarks,* 8970003569

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83947

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Thursday July 8th 1897.
4. Place of Birth, (Street and Number) 719 Burns St. Balto. Md.
5. Full Name of Mother, Martha Estill Cook Tibbs.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore City Maryland.
8. Full Name of Father, Alexandra Annie Cook.
9. Father's Occupation, Coachman.
10. Father's Birthplace, Clayton Howard Co. Md.

Name of Medical Attendant or other person who makes this Return. Mrs Mary Tibbs

Address, 719 Burns St. Balto. Md.

Remarks, 18970003570

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or midwifery, or should no other person be in child to report its birth to the Commissioner of Health, it shall become and is the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 83948

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins / 4th Confinement.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 3. A.M.
4. Place of Birth, (Street and Number) 314 Lemmon St.
5. Full Name of Mother, Lizzie Caughey
6. Mother's Maiden Name, Lizzie McMahon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Jno Caughey
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. A. H. Lafton

Address, 1136 W Lexington St

Remarks, 8970003571

Every birth occurring within the limits of Baltimore City shall be registered, and the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 83949

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | July 8. 97 |
| 4. Place of Birth, (Street and Number) | 915 N. Eden |
| 5. Full Name of Mother, | Sadie Hamilton Steiner |
| 6. Mother's Maiden Name, | " |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Thomas Hamilton Jr. |
| 9. Father's Occupation, | Wood worker |
| 10. Father's Birthplace, | England |
| Name of Medical Attendant, or other person who makes this Return, | Fabert Pickel M.D. |
| Address, | 1312 Ashland ave |
| Remarks, | 8970003572 |

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83957

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8, 1897.
4. Place of Birth, (Street and Number) 137 W. Camden St.
5. Full Name of Mother, Ateshetty Bittinus
6. Mother's Maiden Name, Ateshetty Jevesson
7. Mother's Birthplace, Russia
8. Full Name of Father, Stanista Bittinus
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Barre St.

Remarks, 8970003573

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall record the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

# RETURN OF A BIRTH. 83951

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) colard
3. Date of Birth, july 7 1897
4. Place of Birth, (Street and Number) ensor st 745
5. Full Name of Mother, carrayline Howard
6. Mother's Maiden Name, Carrayline Griffen
7. Mother's Birthplace, Baltimge
8. Full Name of Father, Howard
9. Father's Occupation Labora
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Wright

Address, 1711 Ensor st

Remarks,

8970003574

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83952

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 4th 1897.

4. *Place of Birth, (Street and Number)* No 912 Lemmon St. Balto. Md

5. *Full Name of Mother,* Mrs Nellie Pflaum

6. *Mother's Maiden Name,* Miss " Schwartz

7. *Mother's Birthplace,* Balto Md.

8. *Full Name of Father,* Mr John Pflaum

9. *Father's Occupation* Miller

10. *Father's Birthplace,* Balto Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs O'Hara

*Address,* 924 Hollins Ave

*Remarks,*

8970003575

Wm. J. C. Dulany Co., City Printers and Stationers.

(36.)

# RETURN OF A BIRTH. 83953

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th July 1894
4. Place of Birth, (Street and Number) 2302 Hanover St
5. Full Name of Mother, Berta Keimer
6. Mother's Maiden Name, Bertie Jacks
7. Mother's Birthplace, Balto Md
8. Full Name of Father, August Keimer
9. Father's Occupation Dairyman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dairy Milk

8 9 7 0 0 0 3 5 7 6

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83954

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th July 1897
4. *Place of Birth, (Street and Number)* 15 W First ave
5. *Full Name of Mother,* Ida Conn
6. *Mother's Maiden Name,* Ida Finch
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William Conn
9. *Father's Occupation* Glass Blower
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, E L Brady

*Address,* 8-28 Light St

*Remarks,* Died at Well

8970003577

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83955

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Col
3. Date of Birth, July 9th 1897
4. Place of Birth, (Street and Number) 1 Carlinton St.
5. Full Name of Mother, Laura Lancaster
6. Mother's Maiden Name, Laura Wellon
7. Mother's Birthplace, Westmolland co va
8. Full Name of Father, Henry Lancaster
9. Father's Occupation Laborer
10. Father's Birthplace, a a co

Name of Medical Attendant, or other person who makes this Return, Corline Queen

Address, 1066 Rabsey St.

Remarks, all well

89-700035778

Said Commissioner shall, every month, cause to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83956

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 97
4. Place of Birth, (Street and Number) 804 W. Lexington St.
5. Full Name of Mother, Sarah Rudel
6. Mother's Maiden Name, Sarah McKenna
7. Mother's Birthplace, Ireland
8. Full Name of Father, John C. Rudel
9. Father's Occupation Iron Finisher
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Gee, M.D.

Address, 1203 W. Fayette St

Remarks, 8 9 7 0 0 0 3 5 7 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

# RETURN OF A BIRTH. 83957

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 10th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1028 N Gay st |
| 5. *Full Name of Mother,* | Catie E Blades |
| 6. *Mother's Maiden Name,* | " " Bryan |
| 7. *Mother's Birthplace,* | Balto city |
| 8. *Full Name of Father,* | Alfred L Blades |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | S. Ridgway André M D |
| *Address,* | 1123 E Balto st |
| *Remarks,* | 8970003580 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83958

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 10th 1857
4. Place of Birth, (Street and Number) 1014 Low st
5. Full Name of Mother, agnes Langer
6. Mother's Maiden Name, Zitzer
7. Mother's Birthplace, Germany
8. Full Name of Father, Jno Langer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Roberton md

Address, 1025 Linden ave

Remarks, 8 9 7 0 0 0 3 5 8 1

Wm J C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83959

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 10 July |
| 4. *Place of Birth, (Street and Number)* | 1403 Cookesie st. |
| 5. *Full Name of Mother,* | Elizabeth Kennelly |
| 6. *Mother's Maiden Name,* | " Miller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Kennelly |
| 9. *Father's Occupation* | Labour |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr. H. Majors |
| *Address,* | 1331 Hull St. Locust Point. |
| *Remarks,* | |

8970003582

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236 J

CERTIFICATE CORRECTED 8-10-35

# RETURN OF A BIRTH. 83960

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Ruehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 ten July 1897
4. Place of Birth, (Street and Number) Dovercourt 1837
5. Full Name of Mother, Rosa Bird Ruehl
6. Mother's Maiden Name, Bird
7. Mother's Birthplace, Washington
8. Full Name of Father, Daniel Ruehl
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bendheim

Address, 1914 W. Baltimore St

Remarks, 8970003583

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83961

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, Sun July 1897
4. Place of Birth, (Street and Number) Monroe St 116
5. Full Name of Mother, Lillie Stuart
6. Mother's Maiden Name, Gunn
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, William Stuart
9. Father's Occupation Watchmann
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bernhardt

Address, 1914 W. Baltimore

Remarks,

8970003584

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 83962

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 July 1897
4. Place of Birth, (Street and Number) 202 W. Pratt St
5. Full Name of Mother, Hattie Warden
6. Mother's Maiden Name, Meyer
7. Mother's Birthplace, Bamberg Germany
8. Full Name of Father, Edward Warden
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bauchelt

Address, 1014 W. Pratt St

Remarks, 8970003.585

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83963

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 16th 1897
4. Place of Birth, (Street and Number) 1 [illegible] Exeter street
5. Full Name of Mother, Brucinda Washington
6. Mother's Maiden Name, Brucinda Jones
7. Mother's Birthplace, Baltimore [illegible]
8. Full Name of Father, Fredrick Washington
9. Father's Occupation Carping
10. Father's Birthplace, West River Maryland

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front Street

Remarks, 8 9 7 0 0 0 3 5 8 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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236.]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83964

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* (4th) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10th 1897
4. *Place of Birth, (Street and Number)* 542 Lafayette Avenue
5. *Full Name of Mother,* Mary Annie Wellman
6. *Mother's Maiden Name,* " " Wigley
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Niles F. Wellman
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Sweden

*Name of Medical Attendant,* or other person who makes this Return, J. C. Hammer

*Address,* 621 N. Carrollton Ave

*Remarks,*

8970003587

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83965

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5. Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 10th July 1897 |
| 4. *Place of Birth, (Street and Number)* | Andre St. No 1412. |
| 5. *Full Name of Mother,* | Kaethi A. Guire |
| 6. *Mother's Maiden Name,* | " Calbahad |
| 7. *Mother's Birthplace,* | Mc London |
| 8. *Full Name of Father,* | John A. Guire |
| 9. *Father's Occupation* | Soldier |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other person who makes this Return, | Lizzie Schaeffler |
| *Address,* | E Fort Avenue No 1708. |
| *Remarks,* | 8970003588 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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of its parents, the date and place of birth; and the
name and occupation of the practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83966

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)* First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 10-97.

4. *Place of Birth, (Street and Number)* 109 Milton St.

5. *Full Name of Mother,* Blanche Frangeon

6. *Mother's Maiden Name,* Blanche Draper.

7. *Mother's Birthplace,* Washington

8. *Full Name of Father,* Arthur Frangeon.

9. *Father's Occupation* Mrs. Agent.

10. *Father's Birthplace,* Canada.

*Name of Medical Attendant,* or other person who makes this Return, Fred Furniss

*Address,* 2229 E. Baltimore St.

*Remarks,* Premature Birth, Cause Mal Nutrition. 8 ½ Months 3 Lbs 8 97 No.

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# RETURN OF A BIRTH. 83967

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 11th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1507 Ensor St. |
| 5. *Full Name of Mother,* | Malissa Ash Talbott. |
| 6. *Mother's Maiden Name,* | Malissa Ash |
| 7. *Mother's Birthplace,* | Balto Co |
| 8. *Full Name of Father,* | John Francis Talbott |
| 9. *Father's Occupation* | Clerk. |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant, or other person who makes this Return,* | Donna Ann Waldran M.D. |
| *Address,* | 928 Madison Ave. |
| *Remarks,* | |

8970003590

Wm. J. C. Dulany Co., City Printers and Stationers

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# RETURN OF A BIRTH. 83968

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Two |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colard |
| 3. *Date of Birth,* | July 11 1897 |
| 4. *Place of Birth, (Street and Number)* | Cleveland. alley |
| 5. *Full Name of Mother,* | Ida. Mary Davies |
| 6. *Mother's Maiden Name,* | Ida Boyer |
| 7. *Mother's Birthplace,* | Frederick co MD. |
| 8. *Full Name of Father,* | John W Boyer |
| 9. *Father's Occupation* | Brick maker |
| 10. *Father's Birthplace,* | Baltimore MD |
| *Name of Medical Attendant,* or other person who makes this Return, | Arnold M Davies |
| *Address,* | |
| *Remarks,* | |

8970003591

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83969

GIVEN NAME ADDED 4-25-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alice Lizette Stanton 2d

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 11 97 |
| 4. Place of Birth, (Street and Number) | 1334 N. Mount St |
| 5. Full Name of Mother, | Dolly Stanton |
| 6. Mother's Maiden Name, | Dolly Hacks |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Booth Stanton |
| 9. Father's Occupation, | Chief Buf. Dealer |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Leo W. Norris M.D |
| Address, | 1511 Pinkney |
| Remarks, | |

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 3-13-57

# RETURN OF A BIRTH. 83970

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

1. *Name of Child, to be given only after the first return of birth,* Ruth Elizabeth ~~Williams~~ First
2. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Female
3. *Sex, (state whether male or female)* White
4. *Race or Color, (if not of the white race)*
5. *Date of Birth,* July 11 1897.
6. *Place of Birth, (Street and Number)* 1006 N Carrollton Ave
7. *Full Name of Mother,* Mollie Williams
8. *Mother's Maiden Name,* Giles
9. *Mother's Birthplace,* Baltimore
10. *Full Name of Father,* Henry J. Williams
11. *Father's Occupation* Carpenter
12. *Father's Birthplace,* Virginia
13. *Name of Medical Attendant, or other person who makes this Return,* [illegible]
14. *Address,* [illegible]
15. *Remarks,* [illegible]

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The Commissioner of Health shall cause the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of its parents, the state and place of birth; and the
ician or practitioner in the form of a certificate between the first and
Commissioner of Health. In case the birth of any child
Commissioner of midwifery, or should no other person be in
shall become the duty of the person or parents of such
the manner and within the period above required, and
ply with the provisions of this section shall be sub-
recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83971

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 link

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Negro.
3. *Date of Birth,* July 11 1917. 55 McMechin St.
4. *Place of Birth, (Street and Number)* South
5. *Full Name of Mother,* Laura
6. *Mother's Maiden Name* Laura Layne
7. *Mother's Birthplace,* Caroline Co Va
8. *Full Name of Father,* Layne
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Caroline Co Va

*Name of Medical Attendant,* or other person who makes this Return, Minna C. Peters M.D.

*Address,* 1344 Druid Hill Ave

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83972

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 11th '97 |
| 4. *Place of Birth, (Street and Number)* | 1902 Bolton St |
| 5. *Full Name of Mother,* | Maggie Boone Ramsburg |
| 6. *Mother's Maiden Name,* | " " Dorsey |
| 7. *Mother's Birthplace,* | Howard Co. |
| 8. *Full Name of Father,* | Harber Lee Ramsburg |
| 9. *Father's Occupation* | Genl Agent Adams' Express Co |
| 10. *Father's Birthplace,* | Tiffon Ohio. |
| *Name of Medical Attendant, or other person who makes this Return,* | Thomas Okie M.D. |
| *Address,* | 219 N. Monument St. |
| *Remarks,* | |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83973

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2. |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 11. July. |
| 4. *Place of Birth, (Street and Number)* | 513. Dukkan Street. |
| 5. *Full Name of Mother,* | Cennie Heck. |
| 6. *Mother's Maiden Name,* | Cennie Haar. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Willi Heck |
| 9. *Father's Occupation* | Labourman |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Ass. |
| *Address,* | 129 S. Wolfe Street. |
| *Remarks,* | |

8 7 7 0 0 0 3 5 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83974

GIVEN NAME ADDED 6-20-66

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HENRY SHERWOOD

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 11 1897 |
| 4. *Place of Birth, (Street and Number)* | 225 Arch St. |
| 5. *Full Name of Mother,* | Harriet Sherrood |
| 6. *Mother's Maiden Name,* | Thompson |
| 7. *Mother's Birthplace,* | Eastern Shore |
| 8. *Full Name of Father,* | Henry Sherrood |
| 9. *Father's Occupation* | Laboring |
| 10. *Father's Birthplace,* | Eastern Shore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L Jones |
| *Address,* | 1121 Saratoga St |
| *Remarks,* | Balto Md |

8 4 7 0 0 0 3 5 9 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83975

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11 ct 1917

4. Place of Birth, (Street and Number) 2317 Eastern Ave.

5. Full Name of Mother, Emma Miles.

6. Mother's Maiden Name, Emma Berkey

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry Miles.

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm Henry M.D.

Address, 2317 E. Patterson Pk Ave Balto Md

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83976

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11, 1897.
4. Place of Birth, (Street and Number) 825 S. Charles St.
5. Full Name of Mother, Lena Friedman
6. Mother's Maiden Name, Lena Liv
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Friedman
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Barre St.

Remarks,

8970003599

Wm. J. C. Dulany Co., City Printers and Stationers.

Whether the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83977

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11, 1897

4. Place of Birth, (Street and Number) 225 S. Sharp St.

5. Full Name of Mother, Dorah Fisher

6. Mother's Maiden Name, Dorah Kromm

7. Mother's Birthplace, Russia

8. Full Name of Father, Israel Fisher

9. Father's Occupation Carpenter

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 123 W. Baltimore St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003600

in such case made set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83978

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11th 1897
4. Place of Birth, (Street and Number) 628 Presbury
5. Full Name of Mother, Stella Burlingame
6. Mother's Maiden Name,
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Walter L Barnes
9. Father's Occupation, Painter, Howard Co
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jay Posey

Address, 1509 Lanvale

Remarks, Dr

8270003601

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83979

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 12 of July 1897

4. Place of Birth, (Street and Number) 1032 Eastwood

5. Full Name of Mother, Kate Stein

6. Mother's Maiden Name, Kate Stubner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph J. Stein

9. Father's Occupation Cook

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lassen

Address, Bal Inc Home 1054 Garrard Ave

Remarks, Bal. Md

1897

8970003602

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83980

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12 1897.
4. Place of Birth, (Street and Number) 309 N Carrick st.
5. Full Name of Mother, Maggie Weakley.
6. Mother's Maiden Name, E Keagey.
7. Mother's Birthplace, Va.
8. Full Name of Father, Gill Weakley.
9. Father's Occupation Laboring.
10. Father's Birthplace, Queenan Co.

Name of Medical Attendant, or other person who makes this Return, Mary E Jones.

Address, 1121 Saratoga St

Remarks, Balto Md.

8970003603

Wm. J. C. Dulany Co., City Printers and Stationers.

Women, who shall not set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83981

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 1897
4. Place of Birth, (Street and Number) 1561 N. Fulton Ave,
5. Full Name of Mother, Augusta Benisch
6. Mother's Maiden Name, " Hoffmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustavus Benisch
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. G. Keefer M.D.

Address, 1329 N. Gilmor St

Remarks,

8970003604

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# RETURN OF A BIRTH. 83982

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12, 1897
4. Place of Birth, (Street and Number) 1226 Division St.
5. Full Name of Mother, A. Rebecca Jackson
6. Mother's Maiden Name, A. Rebecca Jackson
7. Mother's Birthplace, Anne Arundel County Md.
8. Full Name of Father, John J. Jackson
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County Md.

Name of Medical Attendant, or other person who makes this Return, W. McClean Yost M.D.

Address, 1231 Argyle Ave.

Remarks, Prior births, one girl one boy, Boy Still born, reported as such already, July 17, '97

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

# RETURN OF A BIRTH. 83983

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 12th 1897
4. Place of Birth, (Street and Number) #30 South Amity St
5. Full Name of Mother, Louisa Hess
6. Mother's Maiden Name, Louisa Seebode
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Wittes
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs O Mayer

Address, 927 Hollins St

Remarks,

8970003606

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83984

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1897
4. *Place of Birth, (Street and Number)* 225 S Wolfe St
5. *Full Name of Mother,* Lizzie Carney
6. *Mother's Maiden Name,* Lizzie Butterworth
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas Carney
9. *Father's Occupation* Sea faring
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mary Engelhardt

*Address,* 1726 Eastern Ave Balt Md

*Remarks,*

8970003607

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83985

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12th 1897
4. Place of Birth, (Street and Number) 934 Marion Alley
5. Full Name of Mother, Florence Moore
6. Mother's Maiden Name, Florence Smith
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, John Moore
9. Father's Occupation Plasterer
10. Father's Birthplace, New Orleans

Name of Medical Attendant, or other person who makes this Return, Hester Cotanda

Address, 502 Preston St

Remarks,

8 4 7 0 0 0 3 6 0 8

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...the same can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83986

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* July 12 1897.
4. *Place of Birth, (Street and Number)* 1536 Pinna ave.
5. *Full Name of Mother,* Lurvina Skinner.
6. *Mother's Maiden Name,* Holly.
7. *Mother's Birthplace,* West Calvolina Co
8. *Full Name of Father,* Willie Skinner
9. *Father's Occupation* Laboring -
10. *Father's Birthplace,* West Calvolina Co

*Name of Medical Attendant,* or other person who makes this Return, Mary L Jones

*Address,* 1121 Saratoga St Balto Md

*Remarks,*

8 7 7 0 0 0 3 6 0 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

ascertained the full name of each child, (if any shall have months, and shall set forth as far as the same can be ascertained its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the said city, or should no other person or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83987

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12 1897
4. Place of Birth, (Street and Number) 120 Lord Court
5. Full Name of Mother, Ida Collinson
6. Mother's Maiden Name, Ida Lee
7. Mother's Birthplace, St Inary Co Md
8. Full Name of Father, Jasper Collinson
9. Father's Occupation Labor
10. Father's Birthplace, St Inary Co Md

Name of Medical Attendant, or other person who makes this Return, Susan E Hooper

Address, 123 N Durham St

Remarks, No remarks but doing well

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83988

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 12"
4. Place of Birth, (Street and Number) No 818 Hillen St.
5. Full Name of Mother, Lula Krauss,
6. Mother's Maiden Name, Pick
7. Mother's Birthplace, Balto City.
8. Full Name of Father, John Krauss
9. Father's Occupation, Cigar-Maker
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Thos. L. Landbeck M.D.

Address, 721 Plumbia Av.

Remarks,

8 9 7 0 0 0 3 6 1 1

Wm J C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83989

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13th 99

4. Place of Birth, (Street and Number) 1722 Presbury st

5. Full Name of Mother, Nora M. Nail

6. Mother's Maiden Name, Nora M. Hunt.

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, James T. Nail

9. Father's Occupation Cabinet maker

10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry E. Dill - Md.

Address, 1203 W. Fayette st.

Remarks,

8 9 7 0 0 0 3 6 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83990

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4 F

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, July 13 1892. One A.M.
4. Place of Birth, (Street and Number) 857 Linden ave
5. Full Name of Mother, Ellen McGlone
6. Mother's Maiden Name, " Maloney
7. Mother's Birthplace, Ireland
8. Full Name of Father, John McGlone
9. Father's Occupation Liney Stable Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Zd Thrasher M.D.

Address, 25 W. Preston St

Remarks,

8970003613

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83991

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* race is color
3. *Date of Birth,* born on 19th July
4. *Place of Birth, (Street and Number)* 1937 Stockton Street
5. *Full Name of Mother,* [illegible] Dorsey
6. *Mother's Maiden Name,* [illegible] woods
7. *Mother's Birthplace,* St marys county state md
8. *Full Name of Father,* [illegible] Dorsey
9. *Father's Occupation* [illegible] worker
10. *Father's Birthplace,* St marys county md

*Name of Medical Attendant,* or other person who makes this Return, marion johns 1937 woodcourt

*Address,*

*Remarks,*

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83992

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, July 13, 1897

4. Place of Birth, (Street and Number) 141 John alley

5. Full Name of Mother, Mary Hackett

6. Mother's Maiden Name, Mary Hackett

7. Mother's Birthplace, Virginia

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, P. E. Craig M.D.

Address, 640 W. Barre st.

Remarks, Name of child not decided.

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Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-23-49

# RETURN OF A BIRTH. 83993

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Thomas~~ Mahan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1897
4. Place of Birth, (Street and Number) 339 S. Ann St
5. Full Name of Mother, Louise Mahan
6. Mother's Maiden Name, Louise Overdick
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Mahan
9. Father's Occupation Lator
10. Father's Birthplace, Harford County Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern ave Balto Md

Remarks,

8 4 7 0 0 0 3 6 1 6

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83994

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1897
4. Place of Birth, (Street and Number) 15 N. West St
5. Full Name of Mother, Mary Beane
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Luther Beane
9. Father's Occupation Cigar Box Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, H J Garrick

Address, 1204 Madison Ave

Remarks,

8 y 7 0 0 0 3 6 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...been committed; its sex, color, the full name and occupation ...practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case no other person be in ...third day of each and every month to the physician or practitioner of midwifery, or should no such ...shall occur without the attendance of a physician or practitioner of midwifery, or should no such ...attendance upon the mother, immediately thereafter it shall become and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83995

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13 th
4. Place of Birth, (Street and Number) 323 Smallwood st
5. Full Name of Mother, Emma Eckert
6. Mother's Maiden Name, Emma Rutting
7. Mother's Birthplace, West Preusen
8. Full Name of Father, Julius Eckert
9. Father's Occupation Fish dealer
10. Father's Birthplace, West Preusen

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 ~~Not~~ MC henry st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

C 1 7 0 0 0 3 6 1 8

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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ascertained the full name of each child, (if any shall have
cupation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
practicer of midwifery, or should no other person of such
it shall become the duty of the person or parents of such
th, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
o be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83996

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 13 / 97. |
| 4. *Place of Birth, (Street and Number)* | 1156 Carey. |
| 5. *Full Name of Mother,* | Mrs Marion Cookley. |
| 6. *Mother's Maiden Name,* | Miss Marion Hipsley |
| 7. *Mother's Birthplace,* | Chestnut Ridge - Bath Co. |
| 8. *Full Name of Father,* | Samuel Thomas Cookley |
| 9. *Father's Occupation* | Grocery Business |
| 10. *Father's Birthplace,* | Deal's Island Somerset Co Md |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Bertha Heinhardt |
| *Address,* | 1631 West Pratt St. Baltimore Md. |
| *Remarks,* | |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83997

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14 July
4. *Place of Birth, (Street and Number)* 1336 Towson st.
5. *Full Name of Mother,* Mary E. Ward
6. *Mother's Maiden Name,* " " Dorn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrik J. Ward
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Edw. Mayer

*Address,* 1331 Hull St Locust Point.

*Remarks,*

8 4 7 0 0 0 3 6 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83998

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Inember child 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, July 14 1897
4. Place of Birth, (Street and Number) 233 N Gallar st
5. Full Name of Mother, Hollie Boston
6. Mother's Maiden Name, Hollie Jackson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Johnnie Boston
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Cooper

Address, 123 N Bushman st

Remarks, Inf remains but doing well

8970003621

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 83999

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14 1897
4. *Place of Birth, (Street and Number)* 133 Randall st
5. *Full Name of Mother,* Mary Roche
6. *Mother's Maiden Name,* Seymon
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg Roche
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Caroline Schwartz

*Address,* 434 Fort Ave

*Remarks,*

8 4 7 0 0 8 3 6 2 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every Physician, Midwife, or other person who shall attend upon any birth, shall, within ten days after such birth, deliver to the parent or parents, or head of the family in which such birth occurred, a blank schedule, containing the questions hereinafter set forth, relating to the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84000

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 14/97 |
| 4. *Place of Birth, (Street and Number)* | 1507 Orleans st |
| 5. *Full Name of Mother,* | annie Emerson |
| 6. *Mother's Maiden Name,* | " Burkhardt |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Robt Emerson |
| 9. *Father's Occupation* | can maker |
| 10. *Father's Birthplace,* | Balto. City |
| *Name of Medical Attendant,* or other person who makes this Return, | J. C. Ohlendorf M.D. |
| *Address,* | 518 N. Bond St. |
| *Remarks,* | |

8 9 7 0 0 0 3 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84501

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* June 14th 1897

4. *Place of Birth, (Street and Number)* 1 Essex St. Balto.

5. *Full Name of Mother,* Mrs Jennie Benson Burns.

6. *Mother's Maiden Name,* Baltz.

7. *Mother's Birthplace,* Wm Benson

8. *Full Name of Father,* Saloon.

9. *Father's Occupation* Balto.

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary A. Taylor.

*Address,* 101 S. Bethune Pk. Ave.

*Remarks,*

8 4 7 0 0 9 3 6 2 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84002.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, July 14 th

4. Place of Birth, (Street and Number) 1917 43 Thirroud

5. Full Name of Mother, Anna Hammerbacher

6. Mother's Maiden Name, Meeder

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Hammerbacher

9. Father's Occupation Street foreman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E. Monument. Av.

Remarks,

8470003625

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84003

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15th. |
| 4. *Place of Birth, (Street and Number)* | #2025 Bank st. |
| 5. *Full Name of Mother,* | Minnie Smith |
| 6. *Mother's Maiden Name,* | Minnie Oglea |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | John Smith |
| 9. *Father's Occupation,* | Truck Driver |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary S. Pertner |
| *Address,* | #241 S. Chester st |
| *Remarks,* | |

8 4 7 0 0 0 3 6 2 5

Wm J C. Dulany Co., City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 15 July.
4. *Place of Birth, (Street and Number)* 109. Kastel. Street
5. *Full Name of Mother,* Juliane Ranft.
6. *Mother's Maiden Name,* Juliane Zahn
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Fred. Ranft.
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace,* Germania.

*Name of Medical Attendant,* or other person who makes this Return, Mary Glass.

*Address,* 21 9. Ed. Wolfe Street

*Remarks,*

8 7 7 0 0 0 3 6 2 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84005

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) [illegible]
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, [illegible]
8. Full Name of Father, [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Mary Kress.

Address, No. 9 North Wolfe Street.

Remarks,

8970003628

Wm. J. C. Dulany Co., City Printers and Stationers.

936.]

# RETURN OF A BIRTH. 84006

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15. July.
4. *Place of Birth, (Street and Number)* 110. N. Wolfe Street.
5. *Full Name of Mother,* Isabella Stretch.
6. *Mother's Maiden Name,* Isabella Mehlmayel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Streb.
9. *Father's Occupation* Tailoring. Cutter.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Glass.

*Address,* 1 - 9. N. Wolfe St.

*Remarks,*

8970003629

Wm. J. C. Dulany Co., City Printers and Stationers.

To be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Certificate of a physician or practitioner of midwifery, of the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84997

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 15 1897.
4. *Place of Birth, (Street and Number)* 61½ Bruce st.
5. *Full Name of Mother,* Cora Williams
6. *Mother's Maiden Name,* Carter
7. *Mother's Birthplace,* Essex Co. Va.
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Gunston Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mary C Jones.

*Address,* 1124 Saratoga St

*Remarks,* Balto Md.

8970003630

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84008

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 15. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 15. July |
| 4. *Place of Birth, (Street and Number)* | 1422 Eutaw St. |
| 5. *Full Name of Mother,* | Anna Beike |
| 6. *Mother's Maiden Name,* | " Lobaiber |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Peter Beike |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr. Mufman |
| *Address,* | 1331 Hull St. Locust Point |
| *Remarks,* | |

84700003631

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health, or by the person or practitioner in the form of a certificate between the first and third day of each and every month to the office of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

# RETURN OF A BIRTH. 87009

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Murray Goldsborough

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth July 15th 1897, 3.45 P.M.
4. Place of Birth, (Street and Number) 1404 Laurens St
5. Full Name of Mother, Mary Steele Waters
6. Mother's Maiden Name, Mary Steele Hooper
7. Mother's Birthplace, Cambridge, Maryland
8. Full Name of Father, Albert Emile Waters
9. Father's Occupation, Commercial Traveler
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. Gilmer Tew, M.D.

Address, 1711 Madison Ave

Remarks,

8 7 1 0 0 0 3 6 3 2

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

2336.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84010

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white.

3. Date of Birth, 16. July.

4. Place of Birth, (Street and Number) 532. Patterson park. ave.

5. Full Name of Mother, Anny Bittroff

6. Mother's Maiden Name, Anny Holzschuh

7. Mother's Birthplace, Germania

8. Full Name of Father, Heinrich Bittroff.

9. Father's Occupation Butcher

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mary Klass.

Address, 1 G. I. Sylvia. St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the
such conferred, its sex, color, the full name and occupati
e practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practi
the Commissioner of Health. In case the birth of any child
third day of each and every month to the office of the Com
or practitioner of midwifery, or should no other person be in
shall occur without the attendance of a physician or prac
after it, shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it s
alth, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in
ail to comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to co
s, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be

# RETURN OF A BIRTH. 84011

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 - 97
4. Place of Birth, (Street and Number) 1613 Latrobe
5. Full Name of Mother, Harriet Lelipford
6. Mother's Maiden Name, Harriet Roberts.
7. Mother's Birthplace, Md
8. Full Name of Father, Wm H Clippord
9. Father's Occupation, Lawyer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, T K Galloway M.D.

Address, 318 E Lanvale St.

Remarks,

8970003634

Wm J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84012

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of July
4. Place of Birth, (Street and Number) 2218 Essex Street rear Canton Ave
5. Full Name of Mother, Lizzie Link.
6. Mother's Maiden Name, = Behm.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Link.
9. Father's Occupation Caller.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. (Retention)

Address, 613. S. port Ele.

Remarks, this child got a sore eye, it looks sick misforune, please send a Doctor.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84013

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex*, (state whether male or female) male
2. *Race or Color*, (if not of the white race) Negro
3. *Date of Birth* 16th July.
4. *Place of Birth*, (Street and Number) 1424 Rutter St.
5. *Full Name of Mother*, Mary V. Baston,
6. *Mother's Maiden Name*, " Sparkes.
7. *Mother's Birthplace*, Charles Co. Maryland,
8. *Full Name of Father*, Philip Baston,
9. *Father's Occupation*, White-washer,
10. *Father's Birthplace*, Baltimore Co.

*Name of Medical Attendant*, or other Person who makes this Return. M. A. Wales,

*Address*, 1711 Madison Avenue,

*Remarks*,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84014

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1897
4. Place of Birth, (Street and Number) 15 Harmonson st
5. Full Name of Mother, Maggie Mierer
6. Mother's Maiden Name, Maggie Engel
7. Mother's Birthplace, Baian
8. Full Name of Father, Anton Mierer
9. Father's Occupation Baker
10. Father's Birthplace, Baian

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, 2008 McHenry st

Remarks,

8 4 7 0 0 3 6 3 7

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84015

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 16 1902

4. Place of Birth, (Street and Number) No 1649 Druid Hill Ave

5. Full Name of Mother, Augusta Walter

6. Mother's Maiden Name, Wallenfels

7. Mother's Birthplace, Germany

8. Full Name of Father, Chas Walter

9. Father's Occupation Tyler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross.

Address, No 1907 E Monument St

Remarks,

8 4 7 0 0 0 3 6 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84016

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Henry Gustav Eck
3. Date of Birth, July 16th 1907
4. Place of Birth, (Street and Number) 1024 Cathedral St
5. Full Name of Mother, Gertrude Eck
6. Mother's Maiden Name, Bartlett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Eck
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. H. L. Grupp

Address, 1907 E. Monument St.

Remarks, Full named child added by father when obtaining Transcript March 11 1936 Henry Eck Father

8 2 7 0 0 0 3 6 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84617

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th one

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 11 1897

4. *Place of Birth, (Street and Number)* 425 Mott St Balto Md

5. *Full Name of Mother,* Emma Pratt

6. *Mother's Maiden Name,* Emma Mason

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* David Pratt

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mora Knight

*Address,* 814 Eutaw St

*Remarks,*

8 4 7 U 0 0 3 6 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84 018

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1897
4. Place of Birth, (Street and Number) 300 Bond St.
5. Full Name of Mother, Jessie Grandietz
6. Mother's Maiden Name, Gearner
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Grandietz
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 20[illegible] N. Washington Ave

Remarks,

8 4 7 U 0 0 3 6 4 1

The Father, Mother, Householder, or Owner of the premises where any child shall be born, and every Physician, Midwife, or other person present at the birth, shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance at midwifery, or should no or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance immediately thereafter it shall be his manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84019

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12 th 1897
4. *Place of Birth, (Street and Number)* 1104 Wolf St.
5. *Full Name of Mother,* Marie Hlavnek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Thomas Hlavnek
9. *Father's Occupation* Tylor
10. *Father's Birthplace,* Bohemia

*Name of Medical Attendant,* or other person who makes this Return, Mary Lodka

*Address,* 905 N Washington Ave

*Remarks,*

8 4 7 0 0 0 3 6 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 7-15-57

# RETURN OF A BIRTH. 84020

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 17th 1897

4. *Place of Birth, (Street and Number)* 1722 E Eager St

5. *Full Name of Mother,* Maggie V Henderson

6. *Mother's Maiden Name,* Keagle

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Harry C. Henderson

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* S H Seldner M D

*Address,* 1501 E Eager St

*Remarks,*

8970003643

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84021

GIVEN NAME ADDED 5-18-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EDNA MAY SANDERS

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10 *

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 17th 1897
4. *Place of Birth, (Street and Number)* No: 34 Lehman St
5. *Full Name of Mother,* Annie Sanders
6. *Mother's Maiden Name,* Annie Singer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Sanders
9. *Father's Occupation* Brick-layer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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[1336]

# RETURN OF A BIRTH. 84022

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 ~~th~~ 1897
4. Place of Birth, (Street and Number) 411 Duncan alley
5. Full Name of Mother, Marie Mc. shane
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Mc. shane
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, 205 N Washington Ave

Remarks,

8970003645

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician or Midwife in attendance upon any birth shall report the same to the Commissioner of Health within ten days after the occurrence thereof, and shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84023

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1897.
4. Place of Birth, (Street and Number) 1411 Anthony St. Balto. City
5. Full Name of Mother, Laura Shepard.
6. Mother's Maiden Name, Laura. Boxbarger.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Augusta. Shepard.
9. Father's Occupation Cigar Maker.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Julia. A. Groome.

Address, 944 N. Gay St. Baltimore City.

Remarks,

8 4 7 0 0 0 3 6 4 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Number of each child to be given in the order of its birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

# RETURN OF A BIRTH. 84024

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th 1897
4. *Place of Birth, (Street and Number)* 118 N. Franklin St.
5. *Full Name of Mother,* Clara Arletta Cartwright
6. *Mother's Maiden Name,* Clara Arletta Partridge
7. *Mother's Birthplace,* Stockton, California
8. *Full Name of Father,* William Douglas Cartwright
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace,* Magnolia, Virginia

*Name of Medical Attendant, or other person who makes this Return,* A. Hampson Jones M.D.

*Address,* 211 N. Franklin St.

*Remarks,*

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970003647

# RETURN OF A BIRTH. 84025

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday July 17th '97 3.15 A.M.
4. Place of Birth, (Street and Number) 924 N. Mount St
5. Full Name of Mother, Celia Idella Messner
6. Mother's Maiden Name, Celia A. Myers
7. Mother's Birthplace, ~~Baltimore~~ Carroll County Md
8. Full Name of Father, Chas: Columbus Messner
9. Father's Occupation Motorman (Street Cars)
10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return, Dr. Hirsch Fox.

Address, 112 N. Mulberry St Balto Md

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8-026

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2nd)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1897
4. Place of Birth, (Street and Number) 1600 N. Calvert St.
5. Full Name of Mother, Julia E. James
6. Mother's Maiden Name, " " Hardesty
7. Mother's Birthplace, Harford Co. Maryland.
8. Full Name of Father, Robert E. James
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore, Maryland.

Name of Medical Attendant, or other person who makes this Return, Charles Eby, M.D.

Address, 312 N. Carey St.

Remarks,

8970003649

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH 84027

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st ½ |
| 1. Sex, (State whether male or female) | Female |
| 2. Race or color, (if not of the white race) | White |
| 3. Date of Birth, | July 17, 1897. |
| 4. Place of Birth, (Street and Number) | 825 N. Arlington Ave |
| 5. Full Name of Mother, | Flory Faddess Piper. |
| 6. Mother's Maiden Name, | Flory Faddess |
| 7. Mother's Birthplace, | Baltimore, |
| 8. Full Name of Father, | Walter Collins Piper. |
| 9. Father's Occupation, | Clerk |
| 10. Father's Birthplace, | Brattleboro, Vt. |
| Name of Medical Attendant, or other person who makes this Return. | J. Williams Lord. |
| Address, | 825 N Arlington Ave |
| Remarks, | |

8970003650

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84028

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, ~~4th~~.) Second.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, July 17th 1897

4. Place of Birth, (Street and Number) 112 N Dallas St

5. Full Name of Mother, Annie Strong

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, unknown

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Shelton Law M.D.

Address, Baltimore University Hospital

Remarks, Premature birth 8 months.

8470003651

Wm. J. C. Dulany Co., City Printers and Stationers.

All births, and the sex of the child can be recorded under the name of each child; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84029

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 17th |
| 4. *Place of Birth, (Street and Number)* | 714 Haw st |
| 5. *Full Name of Mother,* | Mary Tirza |
| 6. *Mother's Maiden Name,* | Mary Tirza |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Matthias Tirza |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other person who makes this Return | Adelgonda Olifer |
| *Address,* | 734 St Peter St |
| *Remarks,* | |

8470003652

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84030

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 July
4. *Place of Birth, (Street and Number)* 1269 Cookie St.
5. *Full Name of Mother,* Anna Richter
6. *Mother's Maiden Name,* " Wey
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Felix Richter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Emily Mason

*Address,* 1331 West St. Court. Pl. 2

*Remarks,*

8 9 7 0 0 0 3 6 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84031

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 18 th 1877
4. *Place of Birth, (Street and Number)* 1220 Division St
5. *Full Name of Mother,* Rosa Boston
6. *Mother's Maiden Name,* Rosa Chew
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Roberts Boston
9. *Father's Occupation* Guard carrie
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Hester Reliance

*Address,* 509 Preston St.

*Remarks,*

8470003654

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84032

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18 th 1897
4. Place of Birth, (Street and Number) 1516 Cuba St
5. Full Name of Mother, Annie Smith
6. Mother's Maiden Name, Geamen
7. Mother's Birthplace, Harry Smith
8. Full Name of Father, Tayler
9. Father's Occupation, Geamen
10. Father's Birthplace, Harry Taylor

Name of Medical Attendant, or other person who makes this Return, Harry Taylor

Address, 965 N Washington Ave

Remarks,

8970003655

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84033

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 15 th 1897
4. *Place of Birth, (Street and Number)* 522 Preston St
5. *Full Name of Mother,* Susie Carter
6. *Mother's Maiden Name,* Susie Braxton
7. *Mother's Birthplace,* Orrow County Va
8. *Full Name of Father,* Thomas Carter
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Orrow County

*Name of Medical Attendant,* or other person who makes this Return, Hester Coleman

*Address,* 502 Preston St

*Remarks,*

8970003656

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and must be recorded as the same can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

# RETURN OF A BIRTH. 84034

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 18th 1897.
4. Place of Birth, (Street and Number) No 605 S. Eutaw St. Balto.
5. Full Name of Mother, Frances Augustus Handy.
6. Mother's Maiden Name, Frances Augustus Yates.
7. Mother's Birthplace, Fairmont Somerset Co Md.
8. Full Name of Father, Christopher Columbus Handy.
9. Father's Occupation Waiter
10. Father's Birthplace, Upper Fairmont Somerset Co Md.

Name of Medical Attendant, or other person who makes this Return, Annie M. Davis.

Address, 914 Peach Alley.

Remarks,

8 7 0 0 0 3 6 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, or other person who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84035

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Forth |
| 1. *Sex, (State whether male or female)* | Female |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | july 19 1897 |
| 4. *Place of Birth, (Street and Number)* | 283 Eden ave |
| 5. *Full Name of Mother,* | Mary Alice O Shea |
| 6. *Mother's Maiden Name,* | Mary Alice Leese |
| 7. *Mother's Birthplace,* | Mefrow Carroll Co |
| 8. *Full Name of Father,* | Philip O Shea |
| 9. *Father's Occupation,* | Manufr |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Elizabeth Gunnerman |
| *Address,* | Hampden |
| *Remarks,* | |

8 9 7 0 0 0 3 6 5 8

Section 1. This section requires that the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

Ow

# RETURN OF A BIRTH. 84036

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) William Raymond Tenderking Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19-97
4. Place of Birth, (Street and Number) 810 Columbia Ave.
5. Full Name of Mother, Maline Tenderking Schlickenmeier
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Tenderking
9. Father's Occupation, Plumber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, G. L. Buddenbohn

Address, 414 S. Paca St.

Remarks,

8 9 7 0 0 0 3 6 5 9

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84037

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Female,
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July. 19th 1897.
4. *Place of Birth, (Street and Number)* # 1519 Mc Henry St.
5. *Full Name of Mother,* Lizzie Snyder,
6. *Mother's Maiden Name,* Lizzie Hetrick,
7. *Mother's Birthplace,* York Pa,
8. *Full Name of Father,* Wm Harvey Snyder,
9. *Father's Occupation* Gripman,
10. *Father's Birthplace,* York County. Pa,

*Name of Medical Attendant,* or other person who makes this Return, Wm Buddeker M. D

*Address,* # 914 W. Fayette St.

*Remarks,*

8 9 7 0 0 0 3 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84038

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 19th 1897

4. Place of Birth, (Street and Number) 102 E 34th

5. Full Name of Mother,

6. Mother's Maiden Name, Rev

7. Mother's Birthplace, Germany

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address, 1907 E Monument Str

Remarks,

8 4 7 0 0 0 3 6 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84039

## the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*hild of Mother, (state whether 1st, 2d, 3d, &c.)* Third

*(state whether male or female)* Female

*or Color, (if not of the white race)* White

*of Birth,* Baltimore

*ce of Birth, (Street and Number)* 1611 E. Lombard St

*Name of Mother,* Sophie Kotcher

*her's Maiden Name,* Sophie Potts

*her's Birthplace,* Baltimore

*Name of Father,* James Kotcher

*her's Occupation* Soda Dealer

*her's Birthplace,* Baltimore

*ne of Medical Attendant,* or other person who makes this Return, Mrs. Potts - Baltimore

*ress,* 1611 E. Lombard St

*arks,*

8970003662

City Printers and Stationers.

# RETURN OF A BIRTH. 84040

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Girl 1st child

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 29th 1897
4. Place of Birth, (Street and Number) 1352 Lynwood Ave
5. Full Name of Mother, Lelia Armstrong
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Roland Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Colbert Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 London alt

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970003663

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**GIVEN NAME ADDED** 8-27-65

Name: William Carey Christ

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th
4. Place of Birth, (Street and Number) 1430 Bank St.
5. Full Name of Mother, Carrie Christ
6. Mother's Maiden Name, " Sims
7. Mother's Birthplace, Balto.
8. Full Name of Father, Johan Christ
9. Father's Occupation Plasterer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 1430 Bank St, 418 S. Paca St.

Remarks,

8970003664

Wm. J. C. Dulany Co., City Printers and Stationers.

Health Code, Section 4. Each Registrar shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84542

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2 nd

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* July 20 th

4. *Place of Birth,* (*Street and Number*) 192 056 Washington Ave

5. *Full Name of Mother,* Lizzie Voss

6. *Mother's Maiden Name,* Brasch

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Jno Voss

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Alex L Jones

*Address,*

*Remarks,*

8970003665

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84043

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Coloured.
3. Date of Birth, 20 day of July = 20th July
4. Place of Birth, (Street and Number) 754 Linden Street.
5. Full Name of Mother, Sophia Gehen.
6. Mother's Maiden Name, G. Fletcher.
7. Mother's Birthplace, Calvert County.
8. Full Name of Father, James Chew
9. Father's Occupation Sailor
10. Father's Birthplace, Calvert.

Name of Medical Attendant, or other person who makes this Return, -

Address, Jane Simms

Remarks, 640 Raborg Str.

84700036666

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84044

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20th 97 |
| 4. *Place of Birth, (Street and Number)* | 224 N Green St |
| 5. *Full Name of Mother,* | Lilian Carlisle |
| 6. *Mother's Maiden Name,* | Lilian McLaughlin |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Sidney Carlisle |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant, or other person who makes this Return.* | A H Carpenter |
| *Address,* | 1136 N Lafayette St |
| *Remarks,* | |

The parent or parents of each child born in the City of Baltimore, and the physician, midwife or other person in attendance upon the mother, shall state as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

84700003667

# RETURN OF A BIRTH 84045

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, July 21, 1897
4. Place of Birth, (Street and Number) 904 Milton Place
5. Full Name of Mother, Annie Green
6. Mother's Maiden Name.
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm H. Green
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. B. Muse M.D.

Address, 1002 Edmondson Ave.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

89100036688

1236.]

# RETURN OF A BIRTH. 82046

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~216 Richmond St~~ July 22 - 1897.
4. Place of Birth, (Street and Number) 216 Redmond St.
5. Full Name of Mother, Mary Guarino
6. Mother's Maiden Name, Mary alfano.
7. Mother's Birthplace, Italy.
8. Full Name of Father, Peterino Guarino.
9. Father's Occupation Fruit-seller
10. Father's Birthplace, Italy.

Name of Medical Attendant, or other person who makes this Return, J. W. Stevens. M.D

Address, 848 N. North Ave.

Remarks,

8477000036669

Wm. J. C. Dulany Co,. City Printers and Stationers.

84047

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 1st 1897
4. Place of Birth, (Street and Number) 1538 Fremont Ave
5. Full Name of Mother, Mamie Dorsey
6. Mother's Maiden Name, Mamie Morris
7. Mother's Birthplace, Fedistrid City
8. Full Name of Father, Joseph Dorsey
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 512 Preston St

Remarks,

8970003670

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84048

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st 1892
4. *Place of Birth, (Street and Number)* 544 Preston St
5. *Full Name of Mother,* Annie Hammond
6. *Mother's Maiden Name,* Annie E Johnson
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* James E. Hammond
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

*Name of Medical Attendant,* or other person who makes this Return, Hester Holmes

*Address,* 509 Preston St

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84049

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1897

4. Place of Birth, (Street and Number) 1110 N. Longdon Ave

5. Full Name of Mother, Mollie Hope

6. Mother's Maiden Name, Gadsin

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Thomas S. Hope

9. Father's Occupation Clerk

10. Father's Birthplace, Harford Co. Md,

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, Fort. Landon Ave

Remarks,

8 4 7 0 0 0 3 6 7 2

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# RETURN OF A BIRTH. 84050

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 1 — 1897

4. *Place of Birth, (Street and Number)* 52 Mount St Waverly

5. *Full Name of Mother,* Celia C. Heisterman

6. *Mother's Maiden Name,* " " Harvey

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William A. Heisterman

9. *Father's Occupation* House painter

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, R. G. Rankin M.D.

*Address,* 811 Jefferson Ave Waverly.

*Remarks,*

8970803673

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 84051

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 2 — 1897
4. *Place of Birth, (Street and Number)* 8 Liberty St. Waverly
5. *Full Name of Mother,* Annie R. E. Brewer
6. *Mother's Maiden Name,* " " " Clark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Isaac F. Brewer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* R G Rankin MD

*Address,* 811 Jefferson Ave Waverly

*Remarks,*

0 97 00 03 67 4

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84052

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race ~~or Color, (if not of~~ the white race)*
3. *Date of Birth,* July 2nd 1897
4. *Place of Birth, (Street and Number)* 1821 Oakley st
5. *Full Name of Mother,* Florence Wharton
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Unknown to me
9. *Father's Occupation* "
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, S. Ridgway Andrews M.D.

*Address,* 1123 E Balto st

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84053

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2nd 1897
4. Place of Birth, (Street and Number) 511 E. Madison St. Balto City.
5. Full Name of Mother, Mary A. Linott
6. Mother's Maiden Name, Mary A. Gaeran
7. Mother's Birthplace, Ireland. Gt. Britian
8. Full Name of Father, Lawrence Linott
9. Father's Occupation Brass Worker.
10. Father's Birthplace, Irelands Gt Britian.

Name of Medical Attendant, or other person who makes this Return, Julia. A. Groome.

Address, 944 N. Gay St. Baltimore City.

Remarks, ——

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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84054

1. *Sex,* Male *No. of Child of Mother,* 7
2. *Race or Color,* White
3. *Date,* July 3
4. *Place of Birth,* 2610 Stevens Court
5. *Full Name of Mother,* Hattie Rudolph
6. *Mother's Maiden Name,* Rider
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Fred Rudolph
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Balto

Mrs C. Faulstich
2859 N. Fulton Ave

8970003677

# RETURN OF A BIRTH. 21055

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 2 d. 1917

4. *Place of Birth, (Street and Number)* 313 Preston St

. *Full Name of Mother,* Mary Moore

6. *Mother's Maiden Name,* Mary Dukes

7. *Mother's Birthplace,* Charleston Va

8. *Full Name of Father,* John Wesley Moore

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Maryland U.S.

*Name of Medical Attendant,* or other person who makes this Return, Gladys V. Clarke

*Address,* 313 Preston St

*Remarks,*

...mon child to report its... any such person or persons wi... ...th, in a mann... ...ect with ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84056

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 4th 1894
4. *Place of Birth, (Street and Number)* 410 E 23rd St
5. *Full Name of Mother,* Lilly May Reynolds
6. *Mother's Maiden Name,* Schamberger
7. *Mother's Birthplace,* Harford Co Md.
8. *Full Name of Father,* William H. Reynolds
9. *Father's Occupation* Maltster Maker
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, S. H. Seldner M. D.

*Address,* 150 E Eager St.

*Remarks,*

8970003679

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84057

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1897
4. Place of Birth, (Street and Number) 220 N. Pulaski
5. Full Name of Mother, Elsie May McClelland
6. Mother's Maiden Name, Elsie May Burns
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, Harry T. L. McClelland
9. Father's Occupation Carriage Blacksmith
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Hoff

Address, 927 W. Lexington St.

Remarks,

84700037680

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# RETURN OF A BIRTH. 84058

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 4, 1897
4. Place of Birth, (Street and Number) 1327 N North Ave.
5. Full Name of Mother, Ada E. Baker
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Md.
8. Full Name of Father, Elijah C. Baker
9. Father's Occupation Field Secy. Md. S.S. Union
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, Instruments & chloroform

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This section must be filled out and a return of the births which have occurred in each month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after its birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 24059

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4 th 1897
4. Place of Birth, (Street and Number) 407 N Washington Ave
5. Full Name of Mother, Maggie Lange
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, George Lange
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Roberts

Address, 905 N Washington Ave

Remarks,

8 4 7 0 0 0 3 6 8 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84060.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5th 1877
4. Place of Birth, (Street and Number) 102 E Eutaw St
5. Full Name of Mother, Rachel Wheat
6. Mother's Maiden Name, Rachel Linn
7. Mother's Birthplace, Nicolle City
8. Full Name of Father, Forbes Wheat
9. Father's Occupation Stone cutter
10. Father's Birthplace, Liberton Edinburgh

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8 4 7 0 0 0 3 6 8 3

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

84061

1. Sex, Male No. of Child of Mother, 9
2. Race or Color, White
3. Date, July 6
4. Place of Birth, 1940 Ridgwood Ave
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, " Graf
7. Mother's Birthplace, Germany
8. Full Name of Father, Caspar Miller
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

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# RETURN OF A BIRTH. 84062

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1897
4. Place of Birth, (Street and Number) 1012 Payson St
5. Full Name of Mother, Minnie Westerby
6. Mother's Maiden Name, Minnie Reisert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Emrick Matzky
9. Father's Occupation Watchmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf.

Address, 827 W. Lexington St

Remarks,

8970000036885

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84063

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6th 1897
4. Place of Birth, (Street and Number) 941 W. Lexington St.
5. Full Name of Mother, Mina Landell
6. Mother's Maiden Name, Mina Bondeau
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Landell
9. Father's Occupation Butcher
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 827 W. Lexington St.

Remarks,

84700003686

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# RETURN OF A BIRTH. 84064

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6

4. Place of Birth, (Street and Number) 2 Edgar Park

5. Full Name of Mother, Annie Florence Smith

6. Mother's Maiden Name, Annie Florence Schaible

7. Mother's Birthplace, Balto. County

8. Full Name of Father, John Amos Smith

9. Father's Occupation Farmer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks

Address, 2 Edgar Park Balto.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 24065

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 7th 1877
4. Place of Birth, (Street and Number) 1[illegible] Druid Hill Ave
5. Full Name of Mother, Lucy Boothe
6. Mother's Maiden Name, Lucy Jones
7. Mother's Birthplace, Virginia
8. Full Name of Father, Phillip Boothe
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Evans

Address, 609 Preston St

Remarks,

8970003688

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation, of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84066

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 8th 1897.

4. *Place of Birth, (Street and Number)* 204 Bentalou St

5. *Full Name of Mother,* Lillian Henze

6. *Mother's Maiden Name,* Lillian Henze Schultz

7. *Mother's Birthplace,* Baltimore Md.

8. *Full Name of Father,* William R. Henze

9. *Father's Occupation* Paper Hanger

10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Dr. Minnie Veal

*Address,* 827 N. Lexington St.

*Remarks,*

8970003689

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# RETURN OF A BIRTH. 8267

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth.* July 19 1899

4. *Place of Birth, (Street and Number)* 1214 Fields Alley

5. *Full Name of Mother,* Annie E Watson

6. *Mother's Maiden Name,* " " Perrin

7. *Mother's Birthplace,* Annapolis

8. *Full Name of Father,* Thomas N. Moore

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Calvert County Md

*Name of Medical Attendant,* or other person who makes this Return, Annie A. Corbin

*Address,* 871 Loyd St

*Remarks,* 8970003690

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84068

GIVEN NAME ADDED 7/20/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Pasquale ~~Sala~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 July 1897
4. Place of Birth, (Street and Number) 19 E York st
5. Full Name of Mother, Michel Sala
6. Mother's Maiden Name, Michel. La Rosa
7. Mother's Birthplace, Italy
8. Full Name of Father, Charles Sala
9. Father's Occupation Barber
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return Mrs Ann Taylor

Address, 41 Eastfordalley

Remarks,

8477000036911

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84069

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Light Brown
3. Date of Birth, July 8. 1897
4. Place of Birth, (Street and Number) Hess Court
5. Full Name of Mother, Susan Wilson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Annie Johnsons

Address, 1012 Plum Alley

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84070

CERTIFICATE CORRECTED [illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Registrant: Minna Berger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Sept. 27th~~ June 27th 1897
4. Place of Birth, (Street and Number) 1149 Hollins St
5. Full Name of Mother, Rosa Linda (Berger) Berger
6. Mother's Maiden Name, [illegible] (Berger) Wild
7. Mother's Birthplace, Germany
8. Full Name of Father, Randolph (Berger) Berger
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Wenig Graf

Address, 827 W. Pratt St

Remarks,

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003693

# RETURN OF A BIRTH. 84071

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2 11 1922
4. *Place of Birth, (Street and Number)* 212 Eutaw St
5. *Full Name of Mother,* Pereluva Weld
6. *Mother's Maiden Name,* Pereluva Wade
7. *Mother's Birthplace,* St. Mary's Cty
8. *Full Name of Father,* James Weld
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other person who makes this Return, Hector Cotanoa

*Address,* 502 Druid St

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

84700003694

# RETURN OF A BIRTH. 84572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 10th 97 |
| 4. *Place of Birth, (Street and Number)* | 1534 E. Fayette St |
| 5. *Full Name of Mother,* | Laura V. Bein |
| 6. *Mother's Maiden Name,* | Laura V. Ammel |
| 7. *Mother's Birthplace,* | Indiana |
| 8. *Full Name of Father,* | Marelle W Baw |
| 9. *Father's Occupation* | Captain |
| 10. *Father's Birthplace.* | Virginia |
| *Name of Medical Attendant, or other person who makes this Return,* | Philip A Pruette M.D |
| *Address,* | # 1243 B. Broadway City |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

84078

1. *Sex,* Male *No. of Child of Mother,* 6
2. *Race or Color,* White
3. *Date,* July 10th
4. *Place of Birth,* 2533 Salem St
5. *Full Name of Mother,* Annie Belschner
6. *Mother's Maiden Name,* Annie Lang
7. *Mother's Birthplace,* Baltic
8. *Full Name of Father,* Fred Belschner
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Germany

Mrs G. Faulstich
2859 N Fulton Ave

8970003696

FORM 1236]

# RETURN OF A BIRTH. 84074

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 10th 1897 |
| 4. *Place of Birth, (Street and Number)* | 816 Shroeder St. |
| 5. *Full Name of Mother,* | Marie Benda |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Frank Benda |
| 9. *Father's Occupation* | Tylor |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant, or other person who makes this Return,* | Geary Hoyter |
| *Address,* | 205 N Washington Ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

Health. This schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84075

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 – 1897
4. *Place of Birth, (Street and Number)* 630 Jefferson St Waverly
5. *Full Name of Mother,* Rachael C. Hagarth
6. *Mother's Maiden Name,* " " Noel
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Joseph. F. Hagarth
9. *Father's Occupation* Florist
10. *Father's Birthplace,* England

*Name of Medical Attendant, or other person who makes this Return,* R G Rankin M D

*Address,* 811 Jefferson Ave Waverly –

*Remarks,*

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 84076

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 1897
4. Place of Birth, (Street and Number) 1048 S. Newton St
5. Full Name of Mother, Doret Bauer
6. Mother's Maiden Name, " " Katheder
7. Mother's Birthplace, Germany
8. Full Name of Father, John Bauer
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 827 W. Lexington St

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84077

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 4 |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | African |
| *3. Date of Birth* | July 11. 97 |
| *4. Place of Birth (Street and Number)* | 663 George St |
| *5. Full Name of Mother* | Mary Downing Morris |
| *6. Mother's Maiden Name* | " |
| *7. Mother's Birthplace* | Virginia |
| *8. Full Name of Father* | Joseph P. Morris |
| *9. Father's Occupation* | Porter |
| *10. Father's Birthplace* | Va. |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. D. Lobbart M.D. |
| *Address* | 1214 Linden ave. |
| *Remarks* | |

8970003700

# RETURN OF A BIRTH. 84078

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 11. 1897. ~~Stafford St~~ Baltimore |
| 4. *Place of Birth, (Street and Number)* | Stafford Street |
| 5. *Full Name of Mother,* | Elizabeth Arnold |
| 6. *Mother's Maiden Name,* | Elizabeth Heuer |
| 7. *Mother's Birthplace,* | Baltimore MD |
| 8. *Full Name of Father,* | Edward Arnold |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore MD |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Elizabeth Wicke |
| *Address,* | Carroll Post Office |
| *Remarks,* | |

Register of Births, etc. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

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FORM 1236]

# RETURN OF A BIRTH. 84079

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11 AA 1897
4. Place of Birth, (Street and Number) 2119 Jefferson St
5. Full Name of Mother, Bettie Horbey
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Charles Horbey
9. Father's Occupation Taylor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Boyles

Address, 905 N Washington St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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Form 1236]

# RETURN OF A BIRTH. 84080

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12 1897
4. Place of Birth, (Street and Number) 624 Chapel St
5. Full Name of Mother, Annie Norris
6. Mother's Maiden Name,
7. Mother's Birthplace, Scarmer
8. Full Name of Father, John Norris
9. Father's Occupation Carpenter
10. Father's Birthplace, Scarmer

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 205 N Washington Ave

Remarks,

8970003703

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84081

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 1897
4. Place of Birth, (Street and Number) 233 N. Pollitow St
5. Full Name of Mother, Mary L. Day
6. Mother's Maiden Name, Mary L. Schumaker
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph E. Day
9. Father's Occupation Can Glazier
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 827 W. Lexington St.

Remarks,

Every midwife and every person other than a physician or practitioner who shall attend upon any birth, shall, within ten days after the birth, make a return thereof to the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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[1336.]

# RETURN OF A BIRTH. 84082

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 13, 1897.
4. Place of Birth, (Street and Number) 701 W. Fayette St.
5. Full Name of Mother, Virginia Hendricks.
6. Mother's Maiden Name, Virginia Haddock.
7. Mother's Birthplace, Macon, Georgia.
8. Full Name of Father, Schuyler W. Hendricks,
9. Father's Occupation Artist
10. Father's Birthplace, Winston, North Carolina.

Name of Medical Attendant, or other person who makes this Return, John G. Pound.

Address, 1300 W. Lombard St,

Remarks,

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FORM 1236]

# RETURN OF A BIRTH. 84053

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall contain a list of the births which have occurred under his or her care during the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first child I |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 13 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 15 E Lee st |
| 5. *Full Name of Mother,* | Emma Miller |
| 6. *Mother's Maiden Name,* | Emma Helbelumbine |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Fred Miller |
| 9. *Father's Occupation* | Barber |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Anna Taylor |
| *Address,* | Baltimore Guilford ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84584

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 14th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 810 N Charles St |
| 5. *Full Name of Mother,* | Mary Ellen Gaman |
| 6. *Mother's Maiden Name,* | Mary Ellen Ford |
| 7. *Mother's Birthplace,* | Talbott Co Md |
| 8. *Full Name of Father,* | Charles Gaman |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 1533 Light St |
| *Remarks,* | Daisy Well |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84085

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Martin~~ Neumeister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14 th 1897
4. Place of Birth, (Street and Number) 311 Duncan alley
5. Full Name of Mother, Jennie ~~Henning~~ Neumeister
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry ~~Henning~~ Neumeister
9. Father's Occupation Taylor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Boyle

Address, 265 N Washington Ave

Remarks,

8470003708

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84086

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 14th 1897
4. *Place of Birth, (Street and Number)* 311 Duncan alley
5. *Full Name of Mother,* Lousie Kenning
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kenning
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Kopta

*Address,* 905 N Washington Ave

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84087

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 15th |
| 4. *Place of Birth, (Street and Number)* | 14 E Biddle |
| 5. *Full Name of Mother,* | Annie Winn |
| 6. *Mother's Maiden Name,* | Annie Harris |
| 7. *Mother's Birthplace,* | Estes Va |
| 8. *Full Name of Father,* | Edward Winn |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Lynchburg Va |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Annie Connick |
| *Address,* | 831 Boyd street |
| *Remarks,* | |

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Wm. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 84088

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 13th Oct 1897 |
| 4. Place of Birth, (Street and Number) | 1421 William |
| 5. Full Name of Mother, | Bridget C Hellman |
| 6. Mother's Maiden Name, | Bridget C Faris |
| 7. Mother's Birthplace, | St Denis Md |
| 8. Full Name of Father, | William J Hellman |
| 9. Father's Occupation | Engineer B&O R R |
| 10. Father's Birthplace, | Elkridge Md |
| Name of Medical Attendant, or other person who makes this Return, | C A Brooks |
| Address, | 1828 Light St |
| Remarks, | Dairy Mail |

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1236.]

# RETURN OF A BIRTH. 84089

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th July 1892
4. Place of Birth, (Street and Number) 227 Patterson Pl
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Annie Hartman
7. Mother's Birthplace, Balto City
8. Full Name of Father, Michael Miller
9. Father's Occupation Steam Boat Fireman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E A Sparks

Address, 1828 Light St

Remarks, Dispensary

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FORM 1236.]

# RETURN OF A BIRTH. 84090

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 15 July |
| 4. *Place of Birth, (Street and Number)* | 1158 Caton Ave |
| 5. *Full Name of Mother,* | Lucy Antlitz |
| 6. *Mother's Maiden Name,* | " Knoll |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Michael Antlitz |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Geo. F. Mason |
| *Address,* | 1231 Hull St |
| *Remarks,* | 7 mo. old |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84091

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Six

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1897
4. *Place of Birth, (Street and Number)* 897 N. Howard St
5. *Full Name of Mother,* Rosa Boney
6. *Mother's Maiden Name,* Rosa Cook
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* J. M. Eanes
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Amelia Johnson

*Address,* 1214 Park Ave

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84092

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (~~if not of the white race~~)* Colored
3. *Date of Birth,* 16th July at 10 o'clock P.m
4. *Place of Birth, (Street and Number)* 620 N. Spring Street
5. *Full Name of Mother,* Alberta Francis
6. *Mother's Maiden Name,* — — — Gale
7. *Mother's Birthplace,* Baltimore city Md.
8. *Full Name of Father,* Benjamine Francis
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Boston Massachusett-

*Name of Medical Attendant, or other person who makes this Return,* josephine amos Cooper

*Address,* 920 Shuter Street

*Remarks,* Mother and Son is well
Baltimore city Md

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003715

Register. The midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84093

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th 1897
4. Place of Birth, (Street and Number) 241 N. Appleton St
5. Full Name of Mother, Josie Smith
6. Mother's Maiden Name, Josie Cassell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Smith
9. Father's Occupation Picture Frame Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Dix

Address, 827 N. Lemmington St

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 24094

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd " |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | July 17th " 1897 |
| 4. Place of Birth, (Street and Number) | 1821 N. Spring St " |
| 5. Full Name of Mother, | Mary A. Jones |
| 6. Mother's Maiden Name, | Mary A. Johnson |
| 7. Mother's Birthplace, | Richmond Va, |
| 8. Full Name of Father, | Charles Jones |
| 9. Father's Occupation, | Laborer. |
| 10. Father's Birthplace, | Spottsylvania Co. Va, |
| Name of Medical Attendant, or other person who makes this Return, | C. R. Shoemaker M.D |
| Address, | 1735 Aisquith St |
| Remarks, | |

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Health. The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84095

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17th 1897
4. Place of Birth, (Street and Number) 1211 W. Cross St
5. Full Name of Mother, Alice Ann Hood
6. Mother's Maiden Name, Alice Ann Harrington
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Francis Ignatius Hood
9. Father's Occupation Pipe Fitter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Lawson

Address, 2340 Appleton St

Remarks,

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Wm. J. C. Dulany Co,. City Printers and Stationers.

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**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84196

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7 1897 |
| 4. *Place of Birth, (Street and Number)* | 824 Light St |
| 5. *Full Name of Mother,* | Zenia Benson |
| 6. *Mother's Maiden Name,* | Zenia Smith |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | James Benson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E. J. Brooks |
| *Address,* | 828 Light St |
| *Remarks,* | Living Well |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84097

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17 1897
4. Place of Birth, (Street and Number) 654 West Falls Ave.
5. Full Name of Mother, Katie Elberson
6. Mother's Maiden Name, O Donnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Elberson
9. Father's Occupation Mariner & Riveter
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1127 E. Pratt St.

Remarks,

8970003720

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84098

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 —

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17 - 1897

4. Place of Birth, (Street and Number) 1405 N. Bond st.

5. Full Name of Mother, Irene Belle Reilly

6. Mother's Maiden Name, " " Dorsett

7. Mother's Birthplace, City

8. Full Name of Father, Chas. E. Reilly

9. Father's Occupation Cutter

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return P. G. Dausch

Address, 1731 E. Balto. st.

Remarks,

8 7 7 0 0 3 7 2 1

**Register of such birth, and shall enter the same on, blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

**In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84099

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18
4. *Place of Birth, (Street and Number)* [redacted] 217 Rogers Ave.
5. *Full Name of Mother,* Sadie ~~Merretz~~ Rincavitz
6. *Mother's Maiden Name,* Sadie ~~Rincavitz~~ Merritz
7. *Mother's Birthplace,* Badaza Rus.
8. *Full Name of Father,* Sam Rincavitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baragola Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Yetta Klavansky

*Address,* 1022 E. Fontard St

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003722

Registrar of Births, and must enter in the same the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[x 1236.]

# RETURN OF A BIRTH. 84100

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4. |
| 1. *Sex, (state whether male or female)* | Girl. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 19. July, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1 N. Rose Street |
| 5. *Full Name of Mother,* | Mary Markirt. |
| 6. *Mother's Maiden Name,* | Mary Kram. |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | Frank Markirt. |
| 9. *Father's Occupation* | Grasserist. |
| 10. *Father's Birthplace,* | Baltimore. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary Klass. |
| *Address,* | 19. N. Wolfe St. |
| *Remarks,* | |

8 9 7 0 0 3 7 2 3

Baltimore under whose charge or superintendence (hospital shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84101

"FEMALE NAME ADDED" 12-4-6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence Evelyn Eader

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th 1897.
4. Place of Birth, (Street and Number) 1426 N. Mount St
5. Full Name of Mother, Effie L. Eader
6. Mother's Maiden Name, Effie L. Davis
7. Mother's Birthplace, Richmond Co Va
8. Full Name of Father, Columbus A. Eader
9. Father's Occupation, Carpenter
10. Father's Birthplace, Balto City Md.

Name of Medical Attendant, or other person who makes this Return, W. W. Chaplee.

Address, 1351 N Gilmor St.

Remarks,

---

Every midwife, or other person who shall assist at a birth, and every householder in whose house a birth shall take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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8970003724

# RETURN OF A BIRTH. 84102

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1897
4. Place of Birth, (Street and Number) 731 N. Franklin St
5. Full Name of Mother, Johanna Wittkowski
6. Mother's Maiden Name, Kuczora
7. Mother's Birthplace, Germany
8. Full Name of Father, John Wittkowski
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 827 N. Lexington

Remarks,

Baltimore City, ss: The undersigned hereby requests the Commissioner of Health to furnish blank schedule, to be furnished by the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 84103

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 19th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1117 Light St |
| 5. *Full Name of Mother,* | Augustia Hohman |
| 6. *Mother's Maiden Name,* | Augustia Silmon |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Henry Hohman |
| 9. *Father's Occupation* | Shoe Maker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Doing Well |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8970003726

# RETURN OF A BIRTH. 84/104

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19th
4. Place of Birth, (Street and Number) 103 Exeter St. South
5. Full Name of Mother, Etta Sambaum
6. Mother's Maiden Name, Etta Sambaum.
7. Mother's Birthplace, Rasane Russia.
8. Full Name of Father, Solomon Sambaum
9. Father's Occupation Peddler
10. Father's Birthplace, Sidlava Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E. Lombard St

Remarks,

84700037127

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same in books to be kept for that purpose, to be the property of the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH, 84105

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* C

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* July 20 1897
4. *Place of Birth, (Street and Number)* 1312 Woodycrov
5. *Full Name of Mother* Katie Stubbins
6. *Mother's Maiden Name* " Dutrow
7. *Mother's Birthplace* Md
8. *Full Name of Father* Bristol Stubbins
9. *Father's Occupation* Painter
10. *Father's Birthplace* Md

*Name of Medical Attendant,* or other Person who makes this Return. W.M. Lewis

*Address* 1220 Lindenau

*Remarks*

8-4-7 0 0 0 3 7 2 8

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# RETURN OF A BIRTH. 84106

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 20th day of July 1897
4. Place of Birth, (Street and Number) 122 S. Carrollton Ave
5. Full Name of Mother, Pauline E. Miller
6. Mother's Maiden Name, " " Childress
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles A. Miller
9. Father's Occupation Watchmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs L Hunter

Address, 123 So Broadway

Remarks,

register of such birth, and shall enter the same on the blanks furnished to the Registrar under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 84107

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 20th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 621 Race St |
| 5. *Full Name of Mother,* | Katie Moran |
| 6. *Mother's Maiden Name,* | Katie Linhold |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Timothy Jas Moran |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 828 Light St |
| *Remarks,* | Dairy Mkt |

8970883736

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH, 82158

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 child |
| 1. *Sex (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth* | July 11 21 |
| 4. *Place of Birth, (Street and Number)* | #2034 Etting st |
| 5. *Full Name of Mother* | Tyler Brayton |
| 6. *Mother's Maiden Name* | Tyler Brown |
| 7. *Mother's Birthplace* | virginia |
| 8. *Full Name of Father* | James Brayton |
| 9. *Father's Occupation* | Stone Mason |
| 10. *Father's Birthplace* | virginia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Mollie J Edwards |
| *Address* | #2034 Etting st |
| *Remarks* | |

B-4700037731

RM 1236.]

GIVEN NAME ADDED 12-10-57

# RETURN OF A BIRTH. 83663

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th June
4. Place of Birth, (Street and Number) 624 Miller St
5. Full Name of Mother, Willi Beard
6. Mother's Maiden Name, Willi Kelley
7. Mother's Birthplace, Camden N J.
8. Full Name of Father, Charles H. Beard
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith Middleton

Address, 1417 E. Eager St.

Remarks,

8970003732

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83664

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 7th June
4. *Place of Birth, (Street and Number)* 2403 Fostar ave.
5. *Full Name of Mother,* Mary Crum
6. *Mother's Maiden Name,* Marie Berling
7. *Mother's Birthplace,* Sweden
8. *Full Name of Father,* Albert Crum
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Sweden

*Name of Medical Attendant,* or other person who makes this Return. Mary J. Swayne

*Address,* 1214 Canton St

*Remarks,* 8970003733

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83665

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 7, 1892.
4. Place of Birth, (Street and Number) No. 1923 Risgill Street
5. Full Name of Mother, Belle S Hauck
6. Mother's Maiden Name, Belle Welsh
7. Mother's Birthplace, Maryland
8. Full Name of Father, Louis E. S Hauck
9. Father's Occupation Cigar Maker
10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return, Reg. A. Elwell M.D.

Address, 1244 Hanford ave

Remarks, 8970003734

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

GIVEN NAME ADDED 6-25-57

# RETURN OF A BIRTH. 83666

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Forster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 7 of June 1897
4. Place of Birth, (Street and Number) 2322 Cambridge St.
5. Full Name of Mother, Kate Forster
6. Mother's Maiden Name, Kate Hess
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wesley Forster
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Sawyer

Address,

Remarks,

8970003735

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83667

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Andrew Schaaf

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 7 of Juni 1897 |
| 4. Place of Birth, (Street and Number) | Bond st |
| 5. Full Name of Mother, | Paula Schaff |
| 6. Mother's Maiden Name, | Paula Hofman |
| 7. Mother's Birthplace, | Germanie |
| 8. Full Name of Father, | Jos Georg Schaff |
| 9. Father's Occupation | Trunk maker |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Luise Svatora |
| Address, | 1910 Durham st |
| Remarks, | 8970003736 |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83668

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 and 2 |
| 1. *Sex, (state whether male or female)* | boys |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 7 of June 1897 |
| 4. *Place of Birth, (Street and Number)* | 420 Durham st |
| 5. *Full Name of Mother,* | Kati Pletka |
| 6. *Mother's Maiden Name,* | Kati Kirl |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frank Pletka |
| 9. *Father's Occupation* | Thailor |
| 10. *Father's Birthplace,* | Bohimen |
| *Name of Medical Attendant,* or other person who makes this Return, | Luise Svatora |
| *Address,* | 1010 Durham st |
| *Remarks,* | 8970003737 |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83669

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 8th |
| 4. *Place of Birth, (Street and Number)* | Cor Riggs Ave & Linden St |
| 5. *Full Name of Mother,* | Elizabeth Rhode |
| 6. *Mother's Maiden Name,* | Lightman |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Edward Rhode |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas Eddelton |
| *Address,* | 1839 Bolton St |
| *Remarks,* | 8970003738 |

The ... of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

M 1236]

# RETURN OF A BIRTH. 83670

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 Ter

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st January 1897
4. *Place of Birth, (Street and Number)* 5. Fulton Ave 327
5. *Full Name of Mother,* Katharina Hubert
6. *Mother's Maiden Name,* Stalbacher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johann Hubert
9. *Father's Occupation* Bäcker Baas
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Anna Bendel

*Address,* 1914 W Baltimore

*Remarks,*

8970003739

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Doctor shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83671

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Emma Maria Plitt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 8 27
4. Place of Birth, (Street and Number) 612 N. Bond St
5. Full Name of Mother, Lizzie Plitt
6. Mother's Maiden Name, H. Miller
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Plitt
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, GIVEN NAME ADDED. 9-2-53 1606 Walbrook St

Remarks, h. Mp

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Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

# RETURN OF A BIRTH. 83672

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 th |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 8 June 1897 |
| 4. *Place of Birth, (Street and Number)* | 2712 Elliott st. |
| 5. *Full Name of Mother,* | Rose Wotschefska |
| 6. *Mother's Maiden Name,* | Pametska |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Prunes Law Wotschefska |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs P. Linzenmann |
| *Address,* | 2992 Elliott st |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83673

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 1917
4. *Place of Birth, (Street and Number)* # 815 South Ann St
5. *Full Name of Mother,* Mary Banda
6. *Mother's Maiden Name,* Dont know
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Banda
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Annie Grochmol.

*Address,* # 1710 Alice Ann St

*Remarks,* Full Time

8 v 7 0 0 0 3 7 4 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83674

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 8 (7:10 A. M.)

4. Place of Birth, (Street and Number) 814 Hartford Ave.

5. Full Name of Mother, Emma Johanna Herbert

6. Mother's Maiden Name, Keim.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Frank Johann Herbert

9. Father's Occupation Carpenter.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaund

Address, 1412 Eutaw Place

Remarks,

8 4 7 0 0 0 3 7 4 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336]

# RETURN OF A BIRTH. 83675

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 8. (6.30 P.M.)
4. *Place of Birth, (Street and Number)* 1613 St Josephs Street
5. *Full Name of Mother,* Mary Emilie Mason,
6. *Mother's Maiden Name,* Black
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Thomas Mason,
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Mount Vernon, Balto. Co.

*Name of Medical Attendant,* or other person who makes this Return, Fr. M. Kaune / for the

*Address,* Mothers Relief Society / 1712 Eutaw Place

*Remarks,*

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Form 1236]

# RETURN OF A BIRTH. 83676

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 9/97 |
| 4. *Place of Birth, (Street and Number)* | 514 S. Ballto. St. |
| 5. *Full Name of Mother,* | Barbara Thle |
| 6. *Mother's Maiden Name,* | Barbara Haa |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Chas. Thle |
| 9. *Father's Occupation* | Porter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bangl |
| *Address,* | 714 N. Gross st. |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83677

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 9th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1914 Christian St. |
| 5. *Full Name of Mother,* | Jula C. Perkins |
| 6. *Mother's Maiden Name,* | Jula Cutler |
| 7. *Mother's Birthplace,* | Iowa |
| 8. *Full Name of Father,* | Chas. L. Perkins |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | Kentucky. |
| *Name of Medical Attendant,* or other person who makes this Return, | G. W. Slater MD |
| *Address,* | 1634 W. Fayette St. |
| *Remarks,* | |

8 9 7 0 0 0 3 7 4 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83678

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9th of June 97. |
| 4. *Place of Birth, (Street and Number)* | 2136 Fayette St |
| 5. *Full Name of Mother,* | Sarah Parks |
| 6. *Mother's Maiden Name,* | Sarah Fitz |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Samuel Parks |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keeler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83679

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 9 1857
4. Place of Birth, (Street and Number) 3 Harrison st Homestead (corner)
5. Full Name of Mother, Christina Shirwood
6. Mother's Maiden Name, Sondergild
7. Mother's Birthplace, Md
8. Full Name of Father, Fanny G Shirwood
9. Father's Occupation Printer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J Yeaman Westbrook M.D.

Address, 237 Gorsuch avenue

Remarks,

8970003748

Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83680

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | June 9, '97 |
| 4. *Place of Birth, (Street and Number)* | 909 Norris alley. |
| 5. *Full Name of Mother,* | Fanny Robinson. |
| 6. *Mother's Maiden Name,* | Fanny Tilzlugh. |
| 7. *Mother's Birthplace,* | Claysburg Co. Va. |
| 8. *Full Name of Father,* | Richard Robinson |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return,* | M. L. Todd |
| *Address,* | Md. Genl. Hosp. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the practioner of midwifery, or shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Council hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8 3681

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 9
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Laura Stokes
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. Henry.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Genl. Hosp

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83682

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 10th 1897 |
| 4. *Place of Birth, (Street and Number)* | 437 N Washington St. |
| 5. *Full Name of Mother,* | Clara Mont |
| 6. *Mother's Maiden Name,* | Nelson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Mont |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs H Krouy, Midwife |
| *Address,* | 1922 East Fayette Street |
| *Remarks,* | |

8470003751

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

# RETURN OF A BIRTH. 83683

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 10, 1897.
4. Place of Birth, (Street and Number) 724 Church st.
5. Full Name of Mother, Annie Matilda Ament.
6. Mother's Maiden Name, Naylor
7. Mother's Birthplace, Md.
8. Full Name of Father, George Wesley Ament.
9. Father's Occupation Plasterer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83684

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th June
4. Place of Birth, (Street and Number) 926 Harris alley
5. Full Name of Mother, Mary Pfeifer
6. Mother's Maiden Name, Mary Gotwell
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Pfeifer
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary I Swayne

Address, 624 Eastern Ave

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83685

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June the 10. 1897 |
| 4. *Place of Birth, (Street and Number)* | 1st mount st & No 1424 |
| 5. *Full Name of Mother,* | Ottia M Flag |
| 6. *Mother's Maiden Name,* | Ottia M Johnson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Edward S Flag |
| 9. *Father's Occupation* | Bailer fitter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelley |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003754

# RETURN OF A BIRTH. 83686

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 - |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | June 10/97 |
| 4. *Place of Birth, (Street and Number)* | 814 Hundington Ad |
| 5. *Full Name of Mother,* | Eliz. Wheeler |
| 6. *Mother's Maiden Name,* | " Kendrick |
| 7. *Mother's Birthplace,* | Penn |
| 8. *Full Name of Father,* | G. Thos. Wheeler |
| 9. *Father's Occupation* | Labourer |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm H. Feddeman MD |
| *Address,* | #102 Chestnut Av. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

| 8970003755

# RETURN OF A BIRTH. 83687

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 10 1897
4. Place of Birth, (Street and Number) 1510 Mulliken St
5. Full Name of Mother, Hester Jefferson
6. Mother's Maiden Name, Grace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Jefferson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mitchell Dabney M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

The Registrar shall enter in a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003756

FORM 1236]

# RETURN OF A BIRTH. 83688

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 10/97 |
| 4. *Place of Birth, (Street and Number)* | #1063 Alice Anna St |
| 5. *Full Name of Mother,* | Mary Dedrick. |
| 6. *Mother's Maiden Name,* | = Gurbert. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Gust Dedrick. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Maria Bürger. |
| *Address,* | #721 South Ann St |
| *Remarks,* | |

8770003757

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 83689

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10 1897
4. Place of Birth, (Street and Number) 339 N. Charles St
5. Full Name of Mother, Katherine Denny
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Chas W. Denny
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Edwin K. Ballard M.D.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83690

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11/97
4. Place of Birth, (Street and Number) #1628 Shakspeer St
5. Full Name of Mother, Angala Michtcwicz.
6. Mother's Maiden Name, Dont Know
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Michtcwicz.
9. Father's Occupation Berry Picker -
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this return, Anna Grochmal.

Address, #1710 Alice Anna St

Remarks, Full Time -

+ 8 9 7 0 0 0 3 7 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83691

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11 1897
4. *Place of Birth, (Street and Number)* 1421 E Pratt St
5. *Full Name of Mother,* Lilly Lupshich
6. *Mother's Maiden Name,* Levental
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Lupshich
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Rosa Finkelberg

*Address,* 25 S Lloyd St

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003760

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

# RETURN OF BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83692

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 11 1897 |
| 4. *Place of Birth, (Street and Number)* | 825 Columbia Ave |
| 5. *Full Name of Mother,* | Maggie Murphy |
| 6. *Mother's Maiden Name,* | Maggie Smith |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | William T. Murphy |
| 9. *Father's Occupation* | Printer |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bauer |
| *Address,* | 714 N. Broadway |
| *Remarks,* | |

8470003761

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83693

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th June 97
4. Place of Birth, (Street and Number) 624 E. Fort Ave
5. Full Name of Mother, Catherine Snyder
6. Mother's Maiden Name, " Hotselman
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Snyder
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yarnell

Address, 650 E. Fort Ave

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83694

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 17-97 |
| 4. *Place of Birth, (Street and Number)* | 625 Eman St. |
| 5. *Full Name of Mother,* | Bertha Blaney |
| 6. *Mother's Maiden Name,* | " Eby |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Geo. Blaney |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | J. H. Robinson M.D. |
| *Address,* | 116 E. Preston St |
| *Remarks,* | |

8970003763

Wm. C. Dulany Co., City Printers and Stationers.

FORM 1330

# RETURN OF A BIRTH. 83695

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 of June 1894.

4. Place of Birth, (Street and Number) 2202 Edmondt st

5. Full Name of Mother, Mary C. Evans

6. Mother's Maiden Name, Mary C. Tully

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, William T. Evans

9. Father's Occupation Fireman

10. Father's Birthplace, Queen Anns Co

Name of Medical Attendant, or other person who makes this Return, Jos P. Siersmann

Address, 2922 Elliott st

Remarks,

8970003764

Wm. J. C. Dulany Co., City Printers and Stationers.

...under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83696

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 of June
4. *Place of Birth, (Street and Number)* 1923 Eastern Ave.
5. *Full Name of Mother,* Emma Bennet
6. *Mother's Maiden Name,* Schmidt.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Bennet
9. *Father's Occupation* Hoster
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs E. Weiss. Belvedere.

*Address,* 613 S. port St.

*Remarks,*

8970003765

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN [illegible] BIRTH. 8367

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

83697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12 th 1897
4. Place of Birth, (Street and Number) 1521 Hopkins Ave.
5. Full Name of Mother, Ida Hunter
6. Mother's Maiden Name, " Roberts
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm L. Hunter
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. McDaboy M.D.

Address, Johns Hopkins Hospital Baltimore, Md.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, a any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF BIRTH. 83698

GIVEN RECEIVED 3-12-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna [illegible] Gross

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 13 June 1897
4. Place of Birth, (Street and Number) 199 North Montgomery St
5. Full Name of Mother, [illegible]
6. Mother's Maiden Name, Miss Annie Hanson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr. John Gross
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine A Munch

Address, 500 Lanvale St.

8970003768

...n and ... attendance of a physician or practioner of midwifery, or should no other person ... out the attendance of a physician or practioner of midwifery, or should no other person ... the mother, immediately thereafter it shall become the duty of the person or parents of ... s birth to the Commissioner of Health, in the manner and within the period above required, ... or persons who shall hereafter fail to comply with the provisions of this section shall be ... of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered

ORM 1236]

# RETURN OF A BIRTH. 83699

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Femal |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 13 June 1897 |
| 4. *Place of Birth, (Street and Number)* | 105 Hughes St |
| 5. *Full Name of Mother,* | Mary Hainey |
| 6. *Mother's Maiden Name,* | Mary O'Connell |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | John Hainey |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Washington D.C. |
| *Name of Medical Attendant,* or other person who makes this Return | Mrs Annie Taylor |
| *Address,* | 41 Sulford alley |
| *Remarks,* | 8970003769 |

...ecord of births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

# RETURN OF A BIRTH. 83758

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 13th
4. *Place of Birth, (Street and Number)* 710 St. Peter St
5. *Full Name of Mother,* Lena Sinnaire
6. *Mother's Maiden Name,* Lena Ruhe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Sinnaire
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Barge

*Address,* 714 N. Bond St.

*Remarks,*

8970003770

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83701

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | F |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Blk |
| 3. *Date of Birth,* | Johns Hopkins Hospital |
| 4. *Place of Birth, (Street and Number)* | June 13 |
| 5. *Full Name of Mother,* | Flora Watkerson |
| 6. *Mother's Maiden Name,* | " Green |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | Julius Watkerson |
| 9. *Father's Occupation* | Farmer. |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M D |
| *Address,* | J H H. |
| *Remarks,* | |

8 9 7 0 0 0 3 7 7 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83732

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13, 1897
4. Place of Birth, (Street and Number) 2249 E Biddle St
5. Full Name of Mother, Bessie Estelle Merritt
6. Mother's Maiden Name, Bessie Estelle Wilkerson
7. Mother's Birthplace, Maryland
8. Full Name of Father, George E. Merritt.
9. Father's Occupation, Carpenter
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. J. F. Markert

Address, 1701 N. Caroline St

Remarks,

8 4 7 0 0 0 3 7 7 2

If any child born alive in the City of Baltimore shall die without having been named, the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83703

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 13, 1894.
4. *Place of Birth, (Street and Number)* Nw. 733 Hanford ave.
5. *Full Name of Mother,* Belle Brown.
6. *Mother's Maiden Name,* Belle Ruff
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas L. Brown.
9. *Father's Occupation* Manager.
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Eug. A. Elwell M.D.

*Address,* 1741 Hanford ave

*Remarks,*

8 9 7 0 0 0 3 7 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83704

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 13th 1897 |
| 4. *Place of Birth, (Street and Number)* | 518 S Durham Street |
| 5. *Full Name of Mother,* | Ella Schultz |
| 6. *Mother's Maiden Name,* | Wiehas |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Will Schultz |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kroon, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8970003774

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83705

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Lillian Bowers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 14 ( 11. 35 A. M.)
4. Place of Birth, (Street and Number) 116 Hammerbachers Court.
5. Full Name of Mother, Caroline (Bonnie) Bowers
6. Mother's Maiden Name, Kratz
7. Mother's Birthplace, York - Pa.
8. Full Name of Father, John (Karl) Herman (Bonnie) Bowers
9. Father's Occupation Baker,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune / for the

Address, Mothers Relief Society) 1412 Eutaw Place.

Remarks,

8970003775

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83716

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14, 1897
4. Place of Birth, (Street and Number) in carriage on way to Lying in Hospital
5. Full Name of Mother, Catherine Burrell
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, Urbanna Middlesex Co Virginia
8. Full Name of Father, William Myers
9. Father's Occupation Waiter
10. Father's Birthplace, Not known

Name of Medical Attendant, or other person who makes this Return, F. Marion Hall

Address, Md General Hospital

Remarks,

8 9 7 0 0 0 3 7 7 6

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83707

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 14th 1897
4. Place of Birth, (Street and Number) 1135 Brighton st
5. Full Name of Mother, Mary Jones
6. Mother's Maiden Name, Harris
7. Mother's Birthplace, Virginia
8. Full Name of Father, Harry Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Wm B Hawkins

Address, 509 W Stockton st

Remarks,

8970003777

Wm. J. C. Dulany Co,. City Printers and Stationers.

...and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM [236]

# RETURN OF A BIRTH. 83788

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Januy 1897
4. Place of Birth, (Street and Number) 2104½ Lexington St
5. Full Name of Mother, Helena Doenberger
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Doenberger
9. Father's Occupation Fuhrwerksbesitzer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Bruchelt

Address, 1914 W. Pratt Str.

Remarks.

8470003778

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1286.]

# RETURN OF A BIRTH. 83709

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | June 14, 1897. |
| 4. *Place of Birth, (Street and Number)* | 271 Chestnut ave. |
| 5. *Full Name of Mother,* | Alice Virginia Yeager. |
| 6. *Mother's Maiden Name,* | Hodges. |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Albert Joseph Yeager. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Pa. |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. A. Mitchell M.D. |
| *Address,* | 291 Chestnut ave |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, or should no other person be in third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty, of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 7 10 0 0 3 7 7 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83710

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 14th |
| 4. *Place of Birth, (Street and Number)* | 346 E. Fort Ave. |
| 5. *Full Name of Mother,* | Emma Gracella Swift |
| 6. *Mother's Maiden Name,* | Emma Gracella Ellis |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Joseph Lord Swift |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Carolina Pa. |
| *Name of Medical Attendant,* or other person who makes this Return, | Susan C. Dr Pew |
| *Address,* | 202 E Eleventh St |
| *Remarks,* | |

8970003780

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 83711

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 14 June
4. Place of Birth, (Street and Number) 1514 Federal St
5. Full Name of Mother, Hannah Spangler
6. Mother's Maiden Name, Hannah Etzel
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Spangler
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D Bird Skidmore

Address, 1417 E. Fayette St

Remarks,

8 9 7 0 0 0 3 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OLW

# RETURN OF A BIRTH. 83712

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Mary J. C. ~~Baader~~, 2d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 1897
4. Place of Birth, (Street and Number) 432 Cowdenland St.
5. Full Name of Mother, Fannie ~~Harmon~~ Baader
6. Mother's Maiden Name, Fannie Gaspert.
7. Mother's Birthplace, Penn.
8. Full Name of Father, Harmon ~~Baker~~ Baader
9. Father's Occupation Tinner
10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return, E. Boynton

Address, 115 W. Lombard

Remarks,

8 4 7 0 0 3 7 8 2

Health. The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83713

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 15th of May 95 |
| 4. *Place of Birth, (Street and Number)* | 1915 Wilhelm St |
| 5. *Full Name of Mother,* | Magge Böttinger |
| 6. *Mother's Maiden Name,* | Magge Bibliotheca |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry Bottinger |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keeler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8977000037883

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83714

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 15. 1897 |
| 4. *Place of Birth, (Street and Number)* | St. Vincents Infant Asylum |
| 5. *Full Name of Mother,* | Virginia Jones |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Not known |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | R. L. Redin M. D |
| *Address,* | 807 N. Eutaw 6 |
| *Remarks,* | |

8970003784

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83715

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 15
4. *Place of Birth, (Street and Number)* 1039 West Fayette st Baltimore
5. *Full Name of Mother,* Mary L Jones
6. *Mother's Maiden Name,* Mary L Harris
7. *Mother's Birthplace,* Hillsboro Caroline Co Md
8. *Full Name of Father,* Thomas H Jones
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Near Bridgetown Caroline Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bauge

*Address,* 711 N Howard st

*Remarks,*

8477U003785

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

# RETURN OF A BIRTH. 85716

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15, 1897.

4. Place of Birth, (Street and Number) No. 78 Hanford ave ex E.

5. Full Name of Mother, Maggie Schmidt.

6. Mother's Maiden Name, Maggie Dumling

7. Mother's Birthplace, Maryland.

8. Full Name of Father, Andrew W. Schmidt.

9. Father's Occupation Butcher.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell, M.D.

Address, 1741 Hanford ave.

Remarks,

8 9 7 U O D 3 7 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 8377

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1897
4. Place of Birth, (Street and Number) 705 Lee St.
5. Full Name of Mother, Minnie Bayrouse
6. Mother's Maiden Name, Minnie Harmon
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Bayrouse
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton Av.

Remarks,

8970003787

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83710

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 15. (7.50 P.M.)
4. *Place of Birth, (Street and Number)* 106 W. Barney Street.
5. *Full Name of Mother,* Emely Lawton,
6. *Mother's Maiden Name,* Canby,
7. *Mother's Birthplace,* Devonshire - Old England,
8. *Full Name of Father,* Wilson Lawton,
9. *Father's Occupation* Bricklayer,
10. *Father's Birthplace,* Staffordshire Old England

*Name of Medical Attendant,* or other person who makes this Return, E. M. Kanne (for the

*Address,* Mothers Relief Society) 1412 Eutaw Place.

*Remarks,*

84700037888

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83719

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 16th |
| 4. *Place of Birth, (Street and Number)* | Baltimore 6138 S Pace |
| 5. *Full Name of Mother,* | Mrs Annie Soulsi |
| 6. *Mother's Maiden Name,* | Miss Annie Albiez |
| 7. *Mother's Birthplace,* | Philadelphia Pa |
| 8. *Full Name of Father,* | Mr. Geo W Soulsi |
| 9. *Father's Occupation* | Store Clerk |
| 10. *Father's Birthplace,* | Camden N J |
| *Name of Medical Attendant or other person who makes this Return,* | Mrs Bauge |
| *Address,* | 711 N. Gwo st |
| *Remarks,* | |

8 9 7 0 0 0 3 7 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

# RETURN OF A BIRTH. 83720

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 16 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1824 Harford ave |
| 5. *Full Name of Mother,* | Laura L Lutz |
| 6. *Mother's Maiden Name,* | " " Bussey |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Paul C Lutz |
| 9. *Father's Occupation* | Basket Maker |
| 10. *Father's Birthplace,* | Wisconsin |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allwell |
| *Address,* | 1438 N. Bond St |
| *Remarks,* | |

8 9 7 0 0 0 3 7 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 83721

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 16
4. *Place of Birth, (Street and Number)* 1234 Columbia ave
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Siffert
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joshua N Miller
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Baltimore County Md.

*Name of Medical Attendant,* or other person who makes this Return, Miss Bengel

*Address,* 711 N. Gross st.

*Remarks,*

84700037911

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83722

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 16th 1897 |
| 4. *Place of Birth, (Street and Number)* | 141 N Washington St |
| 5. *Full Name of Mother,* | Mary Moetter |
| 6. *Mother's Maiden Name,* | Windish |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Martin Moetter |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs H Brown Midwife |
| *Address,* | 1922 East Fayette Street |
| *Remarks,* | |

8 9 7 0 0 0 3 7 9 2

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83723

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 16 '97
4. *Place of Birth, (Street and Number)* 1127 Hanover St
5. *Full Name of Mother,* Maggie Engle
6. *Mother's Maiden Name,* C. Otto
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Engle
9. *Father's Occupation* Harness Maker
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1606 Hanover St

*Remarks,*

8970003793

month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the said month, and shall set forth as far as the same can be ascertained the births which have occurred under his or her care during the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83724

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother 1st child

(state whether male or female) Male

or Color, (if not of the white race) Race Colored

of Birth, Monday 16 1899 June 23d

e of Birth, (Street and Number) Baltimore md Eutaw st 1788

Name of Mother, Ella Lavane Miles

er's Maiden Name, Ella Lavand Woodland

er's Birthplace, St Marys co Md

Name of Father, Joseph Miles

er's Occupation Catering Work

er's Birthplace, St Marys co. md

e of Medical Attendant, or other person who makes this Return, Jno C. M. Day

ess, 235 Livingston St

rks,

8970003794

ty Printers and Stationers.

# RETURN OF A BIRTH. 83725

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Twelfth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 16th 1897
4. *Place of Birth, (Street and Number)* 182 ½ Aisquith St.
5. *Full Name of Mother,* Annie M. Bechtel
6. *Mother's Maiden Name,* Annie M. Holmes
7. *Mother's Birthplace.* Baltimore Md.
8. *Full Name of Father,* Jno. G. Bechtel
9. *Father's Occupation,* Silver Plater
10. *Father's Birthplace,* Philadelphia

*Name of Medical Attendant,* or other person who makes this Return, A. G. Patton

*Address,* 1301 N. Central Ave.

*Remarks,*

8970003795

Wm J C. Dulany Co., City Printers and Stationers.

The name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83726

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17, 97
4. Place of Birth, (Street and Number) Md Gen Hospital
5. Full Name of Mother, Mary Newton
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Holt
9. Father's Occupation Porter
10. Father's Birthplace, St Marys Co Md

Name of Medical Attendant, or other person who makes this Return, F M Hall

Address, Md Gen Hospital

Remarks,

8 9 7 0 0 3 7 9 6

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83727

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 12, 1897
4. *Place of Birth, (Street and Number)* Maryland Gen Hospital
5. *Full Name of Mother,* Ada Baker
6. *Mother's Maiden Name,* " " " "
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Willis Jenkins
9. *Father's Occupation* drives a delivery wagon
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Z. M. Hall

*Address,* Maryland Gen Hospital

*Remarks,*

8 9 7 0 0 0 3 7 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83728

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17 1897
4. Place of Birth, (Street and Number) 1208 N Milton St
5. Full Name of Mother, Ada Lee
6. Mother's Maiden Name, Ada Couch
7. Mother's Birthplace, Hanover Co Va
8. Full Name of Father, Richard Lee
9. Father's Occupation, Laborer in steam laundry
10. Father's Birthplace, Louisa Co Va

Name of Medical Attendant, or other person who makes this Return, F M Hall

Address, Md Gen Hospital

Remarks,

8970003798

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83729

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Bernice Kaufman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17 1897
4. Place of Birth, (Street and Number) 402 N. Caroline
5. Full Name of Mother, Alice K. Kaufman
6. Mother's Maiden Name, Alice K. Hamburger
7. Mother's Birthplace, Balto City
8. Full Name of Father, Abraham K. Kaufman
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Harvey Hull MD

Address,

Remarks,

8970003799

Wm. J. C. Dulany Co., City Printers and Stationers

...months, and shall set forth as far as the same can be ascertained the full name of each child, if any, that may have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83730

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17th June 1897
4. *Place of Birth, (Street and Number)* 116 S. Charles St Balto Md
5. *Full Name of Mother,* Eva Elizabeth, Claypoole
6. *Mother's Maiden Name,* " " " Hinkleman
7. *Mother's Birthplace,* Sharp St Balto. md.
8. *Full Name of Father,* George Wm. Claypoole
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Wolfe St Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Catherine Münch

*Address,* 800 Leadenhall St

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83731

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 17 1897 |
| 4. *Place of Birth, (Street and Number)* | 7 H H |
| 5. *Full Name of Mother,* | Addie Melvin |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Delaware |
| 8. *Full Name of Father,* | Sam. Brady |
| 9. *Father's Occupation* | None |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo. W. Doblin M.D. |
| *Address,* | 7 H H |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8977080338 01

# RETURN OF A BIRTH. 83732

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 17th 1897
4. *Place of Birth, (Street and Number)* cor. Granby & Albemarle sts
5. *Full Name of Mother,* Chessa Feinberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Morris Feinberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

*Name of Medical Attendant, or other person who makes this Return,* Mrs. 6 Bernstein

*Address,* 12 S. Exeter st.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

84700003802

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 83733

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 17th of June |
| 4. *Place of Birth, (Street and Number)* | 1205 Scott St Balto |
| 5. *Full Name of Mother,* | Lizzie Larner |
| 6. *Mother's Maiden Name,* | Lizzie Turner |
| 7. *Mother's Birthplace,* | Prince Posen Germany |
| 8. *Full Name of Father,* | William Larner |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Lancaster Pa. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bauge |
| *Address,* | 711 N Gross St |
| *Remarks,* | |

8970003803

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83734

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 17th 1897 |
| 4. *Place of Birth, (Street and Number)* | 402 Lanigan Ave |
| 5. *Full Name of Mother,* | Martha V Warfield |
| 6. *Mother's Maiden Name,* | " " Hake |
| 7. *Mother's Birthplace,* | Balto Co. Md. |
| 8. *Full Name of Father,* | S T Warfield |
| 9. *Father's Occupation* | Veterinary Surgeon |
| 10. *Father's Birthplace,* | Howard Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm H Feddeman M.D. |
| *Address,* | 102 Chestnut Ave |
| *Remarks,* | |

8 4 7 0 0 0 3 8 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health: [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

83735

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 12 1888
4. Place of Birth, (Street and Number) 571 Mary St Baltimore Md
5. Full Name of Mother, Lucie Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Miller
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, F M Hall

Address, Md Gen Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003805

# RETURN OF A BIRTH. 83736

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 17. 97.
4. Place of Birth, (Street and Number) 914 Eden St.
5. Full Name of Mother, Emma Love
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Love
9. Father's Occupation, Ry. Eng.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Peterson M.D.

Address, 1163 N. Broadway

Remarks,

8970003806

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1286.]

# RETURN OF A BIRTH. 83737

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 18 1897 |
| 4. *Place of Birth, (Street and Number)* | Johns Hopkins Hospital |
| 5. *Full Name of Mother,* | Annie Mitchell |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Dakota |
| 8. *Full Name of Father,* | James Porter |
| 9. *Father's Occupation* | Barber |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M D |
| *Address,* | J. H. H. |
| *Remarks,* | |

The Health Commissioner shall publish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970003807

RM 1236]

# RETURN OF A BIRTH. 83738

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th June 1897.
4. Place of Birth, (Street and Number) 2808 Odonnell St
5. Full Name of Mother, Louisa Jansen
6. Mother's Maiden Name, Louisa Holstein
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Edward Jansen
9. Father's Occupation Sawyer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. Jo Liessmann

Address, 2932 Elliott st.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003808

# RETURN OF A BIRTH. 83739

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male Frank Furst Sanner
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18th 1897
4. Place of Birth, (Street and Number) 1732 E Baltimore St.
5. Full Name of Mother, Leonora Ely Sanner
6. Mother's Maiden Name, Ely
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Isaac S. Sanner
9. Father's Occupation
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. L. Fulton M.D.

Address, 1711 E Baltimore St.

Remarks, Full name of child added by mother when applying for a transcript 5/21/31 Leonora Sanner

8 7 7 U 0 0 3 8 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

L C Wilson - Reg.

# RETURN OF A BIRTH. 83740

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 18, 1897
4. Place of Birth, (Street and Number) 1702 N. Dallas St.
5. Full Name of Mother, Sarah E. Schindel
6. Mother's Maiden Name, Sarah E. Leary
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oscar E. Schindel
9. Father's Occupation, Grocer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. J. Markenet

Address, 1707 N. Caroline St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83741

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ~~male~~ the 8.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of Juni
4. *Place of Birth, (Street and Number)* 503 Luzerne St.
5. *Full Name of Mother,* Kätte Meyer
6. *Mother's Maiden Name,* = Schütte
7. *Mother's Birthplace,* Papenburg. Germ.
8. *Full Name of Father,* Lambert Meyer
9. *Father's Occupation* Maschinist.
10. *Father's Birthplace,* Papenburg. Germ.

*Name of Medical Attendant,* or other person who makes this Return, Wm G. Weiss.

*Address;* 213 Port St.

*Remarks,*

8970003811

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

same on blank schedule, to be furnished by the Commissioner of
of the births which have occurred under his or her care during the
can be ascertained, the full name of each child, (if any shall have
and occupation of its parents, the date and place of birth, and the
by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
ysician or practioner of midwifery, or should no other person be in
y thereafter, it shall become the duty of the person or parents of such
ner of Health, in the manner and within the period above required, and
ereafter fail to comply with the provisions of this section shall be sub-
each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83742

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 June
4. Place of Birth, (Street and Number) 1218 Hollbrook St
5. Full Name of Mother, Mary Finn
6. Mother's Maiden Name, Mary Frazer
7. Mother's Birthplace, Baltimore to
8. Full Name of Father, Thomas Finn
9. Father's Occupation Tinsmith
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Bird Neidwiss

Address, 1457 E Eager St

Remarks,

Bulany Co., City Printers and Stationers.

8977 0003812

1336.]

# RETURN OF A BIRTH. 8373

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Henry Stanley

Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

(state whether male or female) Male

e or Color, (if not of the white race) [illegible]

of Birth, June 8 97.

e of Birth, (Street and Number) 811 N Broadway

Name of Mother, Clara Campbell

er's Maiden Name, Gilbert

r's Birthplace, Balto Md

ame of Father, Henry Campbell

s Occupation Carpenter

s Bi hplace, Balto Md

M cal Attendant, or other person who makes this Return, Jane Miller

1600 E [illegible] St

Wm. J. C. [illegible] tioners. [illegible]

8 - 10 503813

Registrar of each city and county shall enter the ... of the births which have occurred under his or her care during the month, and shall set forth as far as the same and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name ... by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed ... office of the Commissioners of Health. This schedule shall contain a list ... as can be ascertained the full name of each child, (if any shall have third day of each and every month to the Registrar of Vital Statistics, shall occur without the attendance of a ... attendance upon the mother, child to report its birth, any such person ... jected to the fine of ten (10) ...

[Section 1336.]

# RETURN OF A BIRTH. 83744

## Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

T

No. of ... Mother, (*state whether 1st, 2d, 3d, &c.*): 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 9 97
4. *Place of Birth, (Street and Number)* 1126 E Fayette St
5. *Full Name of Mother,* Christina Louise
6. *Mother's Maiden Name,* Judd
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frederick Louis
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Cuellar

*Address,* 1625 Potter St

*Remarks,* 8970003814

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

1236.]

# RETURN OF A BIRTH. 83745

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 1897
4. Place of Birth, (Street and Number) 1025 E. Madison St.
5. Full Name of Mother, Wilhelmina Lackner
6. Mother's Maiden Name, " Fretzenwanker
7. Mother's Birthplace, Germany
8. Full Name of Father, Franz Lackner
9. Father's Occupation Iron Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Kate Eichler

Address, 637 George St.

Remarks, B 9700038 15

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. Pg 746

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 1897
4. Place of Birth, (Street and Number) 1322 Garrett Str.
5. Full Name of Mother, Helen Pachmayer
6. Mother's Maiden Name, Hock
7. Mother's Birthplace, Germany
8. Full Name of Father, John M. Pachmayer
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Robt. P. G. Christ M.D.

Address, 1458 Riviera Str.

Remarks,

8970003817

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-27-58

# RETURN OF A BIRTH. 83747

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Cecelia Greenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 20th 1897
4. Place of Birth, (Street and Number) 1005 E. Fayette St.
5. Full Name of Mother, Rosa Greenberg
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Mendel Greenberg
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Ethelen St.

Remarks,

8970003818

Wm. J. C. Dulany Co., City Printers and Stationers.

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236.]

GIVEN NAME ADDED 7-20-55

# RETURN OF A BIRTH. 83748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Regina Angela ~~Wise~~ Wise

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 20th 1947

4. Place of Birth, (Street and Number) 1021 Aisquith St—

5. Full Name of Mother, Ida F. Wilson

6. Mother's Maiden Name, Jan 7 1922

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, William H. Wise

9. Father's Occupation Carpenter

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Dr Jeppsen Bucn

Address, 1051 Aisquith St

Remarks,

8970003819

Wm. J. C. Dulany Co., City Printers and Stationers.

...enter the same on blank schedule, to be furnished by the Commissioner of ...births which have occurred under his or her care during the ...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the date and place of birth; and the ...sex, color, the full name and occupation of its parents, the date and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...attendance of a physician or practicioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83749

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 20 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Viola Smith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* E M Beard
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Geo W Dobbin M D

*Address,* J H H.

*Remarks,*

8 9 7 0 0 0 3 8 2 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

# RETURN OF A BIRTH. 83750

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 516 Hollbrook Av
5. *Full Name of Mother,* Mary Durkan
6. *Mother's Maiden Name,* Mary Clancy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John J Durkan
9. *Father's Occupation* Lineman
10. *Father's Birthplace,* Howard Co.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. J Josiah Medairy

*Address,* 1414 E Eager St

*Remarks,*

1897 U 003821

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83757

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 June.
4. *Place of Birth, (Street and Number)* 1307. Hollins St
5. *Full Name of Mother,* Mary McGuire
6. *Mother's Maiden Name,* Mary Hannaer
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* James McGuire
9. *Father's Occupation* Tinster
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. J Grist Midwife

*Address,* 1417. E Eager St

*Remarks,*

8970003822

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83752

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 28 St
4. *Place of Birth, (Street and Number)* 1621 Baker St
5. *Full Name of Mother,* Mrs Breauchton Bibb
6. *Mother's Maiden Name,* City
7. *Mother's Birthplace,* Mr B Weston
8. *Full Name of Father,* Shipsmith
9. *Father's Occupation,* Va
10. *Father's Birthplace,* W H Collins M D

*Name of Medical Attendant, or other person who makes this Return,*

*Address,* 1001 Ed ave

*Remarks,*

8 9 7 0 0 0 3 8 2 3

Wm J C. Dulany Co., City Printers and Stationers.

ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth as far as the same can be ascertained, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83753

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 21 st 1897
4. Place of Birth, (Street and Number) 2201 Etting St
5. Full Name of Mother, Katie Davis
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balt.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. John A Evans M D

Address, 1918 Penn Ave,

Remarks, mother is Unmarried

8970003824

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83754

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd child

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* [illegible] 1897

4. *Place of Birth, (Street and Number)* 621 Cumberland St. Baltimore

5. *Full Name of Mother,* [illegible] Virginia Gilt

6. *Mother's Maiden Name,* [illegible] Gilt

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Thomas Gilt

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. M. F. Buckner

*Address,* 731 Cumberland St.

*Remarks,*

8970003825

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A 83755

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22
4. Place of Birth, (Street and Number) 808 S. Bond Ste.
5. Full Name of Mother, Valesije Truškovsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Pole
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, S. Bond Ste. 838 Balto. Md.

Remarks, City.

8970003826

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83756

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 22, 1897 |
| 4. *Place of Birth, (Street and Number)* | 33 S Calhoun St. |
| 5. *Full Name of Mother,* | Emma F. Frizzell |
| 6. *Mother's Maiden Name,* | " " Dennis |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Geo. H. Frizzell |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | G Lane Taneyhill |
| *Address,* | 1103 Madison Ave. |
| *Remarks,* | |

8970003827

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 85757

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 23
4. Place of Birth, (Street and Number) 1824 Aliciana Sts.
5. Full Name of Mother, Annastasie Kindershy Studinsky
6. Mother's Maiden Name, Pole
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Kinderšky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pettl

Address, 838 S. Bond Sts. Balto. Mds

Remarks, City

8 4 7 0 0 0 3 8 2 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 83758

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 803 S. Dallas Str.
5. Full Name of Mother, Annie Pishor
6. Mother's Maiden Name, Lolas
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Pishor
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond Str.

Remarks, Balto Md. City.

8970003829

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 83759

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward George Kirchner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~June 24th 97~~ 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 97.
4. Place of Birth, (Street and Number) 443 Druid Hill Ave.
5. Full Name of Mother, Pauline Kirchner
6. Mother's Maiden Name, Pauline Schaefer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Adam Edward Kirchner
9. Father's Occupation Grocer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Olive, Md.

Address, 1203 W. Fayette St.

Remarks, GIVEN NAME ADDED. 7-1-54

8970003830

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83760

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1897
4. Place of Birth, (Street and Number) 1110 Madison Ave
5. Full Name of Mother, Rosa Kramer
6. Mother's Maiden Name, Kramer
7. Mother's Birthplace, Gallitzia
8. Full Name of Father, Lapple Kramer
9. Father's Occupation Tailor
10. Father's Birthplace, Galitzia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 25 Lloyd St

Remarks,

8970003831

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83761

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | F |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 25 |
| 4. *Place of Birth, (Street and Number)* | Johns Hopkins Hospital |
| 5. *Full Name of Mother,* | Emma Sauerwein |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Ed. Thornton |
| 9. *Father's Occupation* | Farmer |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M.D. |
| *Address,* | J H H |
| *Remarks,* | |

0 7 7 0 8 0 3 8 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83762

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name. Nathan J. Cohn

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, June 25th 1897
4. *Place of Birth*, (*Street and Number*) cor. Pratt & Albemarle Sts
5. *Full Name of Mother*, Elka Cohn
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, Abraham Cohn
9. *Father's Occupation* Tailor
10. *Father's Birthplace*, Europe

*Name of Medical Attendant*, or other person who makes this Return, Mrs. C. Bernstein

*Address*, 122 S. Eden St.

*Remarks*,

18970003833

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 83763

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 25th 97
4. *Place of Birth, (Street and Number)* 223 E. Chase St.
5. *Full Name of Mother,* Sophia Murdock
6. *Mother's Maiden Name,* " Simms
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Murdock
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Louisa & Jane Sarah Anna mark

*Address,* 622 E. Chase St.

*Remarks,*

8970003834

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83764

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25, 1897
4. Place of Birth, (Street and Number) 1606 N. Bond St.
5. Full Name of Mother, Annie Sellers
6. Mother's Maiden Name, Annie Jacobs
7. Mother's Birthplace, Penn
8. Full Name of Father, Addison M. Sellers,
9. Father's Occupation, Coal Dealer.
10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return. J. F. Markenet

Address, 1701 N. Caroline St

Remarks,

8970003835

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83765

## To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 26, 1897
4. Place of Birth, (Street and Number) 1814 Calvert
5. Full Name of Mother, Matilda Lawrence Dunham
6. Mother's Maiden Name, Matilda Lawrence
7. Mother's Birthplace, Laguada
8. Full Name of Father, Jas. A. Dunham
9. Father's Occupation, School teacher
10. Father's Birthplace, Laguada

Name of Medical Attendant, or other person who makes this Return, Jas. A. Craighill

Address, 1730 N. Calvert St.

Remarks,

8 9 7 0 0 0 3 8 3 6

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 83766

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 26 — 1897
4. *Place of Birth, (Street and Number)* 206 S. Eden St.
5. *Full Name of Mother,* Mary F. Beigel
6. *Mother's Maiden Name,* Shaefer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John L. Beigel
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Stein

*Address,* 1427 E. Oraton St.

*Remarks,*

8970003837

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 83767

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January
4. *Place of Birth, (Street and Number)* 701 S. Bond Ste.
5. *Full Name of Mother,* Mary Lysocka
6. *Mother's Maiden Name,* Bindlesby
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Lysocky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

*Name of Medical Attendant,* or other person who makes this Return, 838 S. Bond Ste.

*Address,* Mary Pett

*Remarks,* Balto. Md.

8970003838 City

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

# RETURN OF A BIRTH. 83764

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26
4. Place of Birth, (Street and Number) 1602 Eastern Ave.
5. Full Name of Mother, Mary Ladansky
6. Mother's Maiden Name, Vilgart
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Ladansky
9. Father's Occupation Watch-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Butt

Address, 838 S. Bond St. Balto. Md.

Remarks, City

8970003839

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83769

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Blk |
| 3. *Date of Birth,* | June 26 |
| 4. *Place of Birth, (Street and Number)* | Johns Hopkins Hospital |
| 5. *Full Name of Mother,* | Amy Brown |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Jules Keen |
| 9. *Father's Occupation* | Teacher |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M.D. |
| *Address,* | J. H. H. |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83770

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27
4. Place of Birth, (Street and Number) E. Bethel Alley 719
5. Full Name of Mother, Emma Walter
6. Mother's Maiden Name, Watson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Walter
9. Father's Occupation Waterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Crell

Address, 838 E. Bond Ste.

Remarks, Balto. Md

6 7

1 8 9 7 0 0 0 3 8 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

# RETURN OF A BIRTH. 83771

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 27th 1892 |
| 4. *Place of Birth, (Street and Number)* | 1415 Lunn St |
| 5. *Full Name of Mother,* | Rose O'Connor |
| 6. *Mother's Maiden Name,* | Rose Sticker |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Thomas O'Connor |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jefferies Buck |
| *Address,* | 1051 Argyle St |
| *Remarks,* | |

8970003842

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1235.]

# RETURN OF A BIRTH. 83772

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 27th 1897
4. Place of Birth, (Street and Number) 821 E Pratt St
5. Full Name of Mother, Fannie Wolf
6. Mother's Maiden Name, Schenchinovity
7. Mother's Birthplace, Russia
8. Full Name of Father, Benj Wolf
9. Father's Occupation Cutter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rose Fineberg

Address, 25 Lloyd St

Remarks,

8970003843

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83773

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, June 28 — 1897
4. Place of Birth, (Street and Number) 243 S. Caroline St.
5. Full Name of Mother, Rose Steward Ford
6. Mother's Maiden Name,
7. Mother's Birthplace, Bay City Mich.
8. Full Name of Father, Thomas J. Steward
9. Father's Occupation Carpenter
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8970003844

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83774

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 28. 1897 |
| 4. *Place of Birth, (Street and Number)* | St. Vincents Infant Asylum |
| 5. *Full Name of Mother,* | Cecilia Ford |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | not known |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | R. L. Rossi M.D. |
| *Address,* | 509 N. Eutaw St |
| *Remarks,* | |

8970003845

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1246.]

# RETURN OF A BIRTH. 81775

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Extract from Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28 1897
4. Place of Birth, (Street and Number) 1428 E Lombard St
5. Full Name of Mother, Annie Berlin
6. Mother's Maiden Name, Rosserovitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Joe Berlin
9. Father's Occupation Carrying
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finneberg

Address, 25 Lloyd St

Remarks,

8970003841

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83776

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 29 1897
4. Place of Birth, (Street and Number) 420 S. Central Ave.
5. Full Name of Mother, Margreth Malls
6. Mother's Maiden Name, Martin
7. Mother's Birthplace, Pennsylvanian
8. Full Name of Father, James Malls
9. Father's Occupation Potter
10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

8970003847

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83777

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 29 97 |
| 4. *Place of Birth, (Street and Number)* | 947 Forest St. |
| 5. *Full Name of Mother,* | Mary Tiernan |
| 6. *Mother's Maiden Name,* | Griffin |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | T. Tiernan |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | O. A. Robinson |
| *Address,* | 1726 Linden Ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83778

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6a

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 97
4. Place of Birth, (Street and Number) 1108 Barclay
5. Full Name of Mother, R. Price
6. Mother's Maiden Name, A. Grayson
7. Mother's Birthplace, Md
8. Full Name of Father, James Price
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. H. Wilson MD

Address, 736 E. Fairmount

Remarks,

8 9 7 0 0 0 3 8 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule. The Coroner shall certify a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83779

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 3rd 1899
4. Place of Birth, (Street and Number) Mateniti / 115 W. Lanvale
5. Full Name of Mother, Jamie Kirby
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard

Address, Mateniti 115 W Lanvale St.

Remarks, —

8970003850

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83780

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 4th 1897
4. *Place of Birth, (Street and Number)* "Catonsville"
5. *Full Name of Mother,* Alice Darby
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other person who makes this Return, J. A. Blanchard M.D.

*Address,* Catonsville U.S. in Maryland

*Remarks,* —

—

8970003851

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83781

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7 ist

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 8th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 N Lanvale St
5. *Full Name of Mother,* Barbara Steinberg
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other person who makes this Return, J. A Blanchard M.D.

*Address,* Maternité 115 N Lanvale St

*Remarks,* —

— 8 4 7 0 0 0 3 8 5 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 89762

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* June 16th 1897
4. *Place of Birth, (Street and Number)* Matuniti 115 W Lanvale
5. *Full Name of Mother,* Lydia Parker
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* ——
9. *Father's Occupation* ——
10. *Father's Birthplace,* ——

*Name of Medical Attendant,* or other person who makes this Return, J. A. Blanchard M.D.

*Address,* Matuniti 115 W Lanvale

*Remarks,* ——

—— 8970003853

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83783

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 16th 1897
4. Place of Birth, (Street and Number) maternity 115 N Lanvale
5. Full Name of Mother, Kate Rogers
6. Mother's Maiden Name, "
7. Mother's Birthplace, North Carolina
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. A. Blanchard M.D.

Address, Maternity 115 N Lanvale

Remarks,

8 4 7 0 0 0 3 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83784

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 wit

1. *Sex, (state whether male or female)* 4 male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 26th 1897
4. *Place of Birth, (Street and Number)* Maternité 115 Lombard St
5. *Full Name of Mother,* Laura Wilson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Penn
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other person who makes this Return, J. A. Blanchard M.D.

*Address,* Maternité 115 Lombard St

*Remarks,*

8 9 7 0 0 0 3 8 5 5

**Rule.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83783

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* ..... fruit

1. *Sex, (state whether male or female)* ..... female
2. *Race or Color, (if not of the white race)* ..... white
3. *Date of Birth,* ..... June 26th 1897
4. *Place of Birth, (Street and Number)* ..... Catonsville near Lombard
5. *Full Name of Mother,* ..... Francis Liebold
6. *Mother's Maiden Name,* ..... " "
7. *Mother's Birthplace,* ..... Germany
8. *Full Name of Father,* ..... —
9. *Father's Occupation* ..... —
10. *Father's Birthplace,* ..... —

*Name of Medical Attendant,* or other person who makes this Return, ..... J. A. Blanchard M.D.

*Address,* ..... Catonsville near Lombard.

*Remarks,* .....

8970003856

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF BIRTH. 83786

GIVEN NAME ADDED, 11-28-61

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah Freedman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 2 1897
4. Place of Birth, (Street and Number) ~~144~~ 144 n. Exeter St
5. Full Name of Mother, Dora Freedman
6. Mother's Maiden Name, Gold
7. Mother's Birthplace, Fallen Rock State
8. Full Name of Father, David Freedman
9. Father's Occupation Shoe maker
10. Father's Birthplace, Fallen Rock State

Name of Medical Attendant, or other person who makes this Return, H. Fleisig

Address, 143 n. Front St

Remarks,

8970003857

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83787

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 2
4. Place of Birth, (Street and Number) 1524 Brunt St
5. Full Name of Mother, Ania O. Butler
6. Mother's Maiden Name, " " Lake
7. Mother's Birthplace, Maryland
8. Full Name of Father, Leo L. Butler
9. Father's Occupation Laborer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Chas S Huck

Address, 647 N Lafayette Ave

Remarks,

8970003858

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blanks furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83788

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 3 1897
4. *Place of Birth, (Street and Number)* 1405 E. Pratt St
5. *Full Name of Mother,* Jenny Korpiansky
6. *Mother's Maiden Name,* Davidson
7. *Mother's Birthplace,* Russia Home State
8. *Full Name of Father,* Louis Korpiansky
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia Home State

*Name of Medical Attendant,* or other person who makes this Return, H. Klinker

*Address,* 143 N. Front St

*Remarks,*

8970003859

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# RETURN OF A BIRTH. 83789

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2129 Walbrook ave |
| 5. *Full Name of Mother,* | Isabella Moore |
| 6. *Mother's Maiden Name,* | " Higle |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | William Moore |
| 9. *Father's Occupation* | Bricklayer |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | E. S. Shaver M.D. |
| *Address,* | 1224 W. Natt ave |
| *Remarks,* | |

8970003860

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83790

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 10 June |
| 4. *Place of Birth, (Street and Number)* | 1926 Chester str 1936 |
| 5. *Full Name of Mother,* | Lisabeth Betz |
| 6. *Mother's Maiden Name,* | Lisabet Hildebrand |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jakub Betz |
| 9. *Father's Occupation* | Thailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Luise Sratow |
| *Address,* | 1010 Durham str |
| *Remarks,* | |

8970003861

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83791

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | June 23d 1897. |
| 4. *Place of Birth, (Street and Number)* | 1709 Bolton st. |
| 5. *Full Name of Mother,* | Cornelia E. Campbell. |
| 6. *Mother's Maiden Name,* | Cornelia E Ewing. |
| 7. *Mother's Birthplace,* | Bloomington Ill |
| 8. *Full Name of Father,* | Frederick W. Campbell. |
| 9. *Father's Occupation* | Minister of the Gospel |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | John S Pennington M.D. |
| *Address,* | 1716 Linden Ave. |
| *Remarks,* | |

8 9 7 0 0 0 3 8 6 2

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-14-55

# RETURN OF A BIRTH. 83792

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Elizabeth Magruder ~~Collins~~ 4th |
| 1. Sex, (state whether male or female) | Female. |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 28th 1897. |
| 4. Place of Birth, (Street and Number) | 1719 Harlem Ave. |
| 5. Full Name of Mother, | Mary E. Collins. |
| 6. Mother's Maiden Name, | Mary E. Magruder. |
| 7. Mother's Birthplace, | Balto City. |
| 8. Full Name of Father, | Tunwood W. Collins. |
| 9. Father's Occupation | Coal Merchant. |
| 10. Father's Birthplace, | Centreville Md |
| Name of Medical Attendant, or other person who makes this Return, | John S. Pennington, M.D. |
| Address, | 1716 Linden ave |
| Remarks, | |

8970003863

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83793

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | June 3rd, 1897 |
| 4. Place of Birth, (Street and Number) | 1305 Brunt St. |
| 5. Full Name of Mother, | Mary Lula Brown |
| 6. Mother's Maiden Name, | " Butler |
| 7. Mother's Birthplace, | Prince George Co. Md. |
| 8. Full Name of Father, | Henry Whitmore Brown |
| 9. Father's Occupation | Waiter |
| 10. Father's Birthplace, | Frederick City, Md. |
| Name of Medical Attendant, or other person who makes this Return, | Dr. C. M. Cook |
| Address, | 1652 Myrtle Ave. |
| Remarks, | Child removed with Joseph, Mother died after two days of Puerperal Eclampsia (Post partum) |

Wm. J. C. Dulany Co., City Printers and Stationers

The Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83794

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4th. 1877. |
| 4. *Place of Birth, (Street and Number)* | 625 Pitcher St. |
| 5. *Full Name of Mother,* | Mattie R. Forest |
| 6. *Mother's Maiden Name,* | " Carhart |
| 7. *Mother's Birthplace,* | Portsmouth Va. |
| 8. *Full Name of Father,* | H. Bascom Forest. |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Matthews C. Va. |
| *Name of Medical Attendant,* or other person who makes this Return, | C. M. Cox M.D. |
| *Address,* | 1052 Myrtle ave |
| *Remarks,* | |

8970003865

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236

# RETURN OF A BIRTH. 83795

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 6th 1897
4. Place of Birth, (Street and Number) 607 Gilbert St
5. Full Name of Mother, Bertha Chamber
6. Mother's Maiden Name, Bertha Potter
7. Mother's Birthplace, Eastern shore
8. Full Name of Father, Albert Timms
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hester Colaner

Address, 609 Preston St

Remarks,

8970003866

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83796

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 7th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2 2 2 E Fayette St. |
| 5. *Full Name of Mother,* | Amelia Hellhöfer |
| 6. *Mother's Maiden Name,* | Galt, |
| 7. *Mother's Birthplace,* | Galt. |
| 8. *Full Name of Father,* | Louis Hellhöfer |
| 9. *Father's Occupation* | Merchant- |
| 10. *Father's Birthplace,* | New York. |
| *Name of Medical Attendant,* or other person who makes this Return, | J W Feldner M. D. |
| *Address,* | 1501 E Eager St- |
| *Remarks,* | |

8 9 7 0 0 0 3 8 6 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83797

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 8 — 1897
4. Place of Birth, (Street and Number) 138 Old York road
5. Full Name of Mother, Katherine Spence
6. Mother's Maiden Name, " Kistley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph A Spence
9. Father's Occupation Tin & Sheet Iron worker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson St Waverly

Remarks,

8970003868

The Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83798

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11 - 1897
4. Place of Birth, (Street and Number) 4 Rabey Ave Waverly
5. Full Name of Mother, Martha E. DeHeart
6. Mother's Maiden Name, " " Lipp
7. Mother's Birthplace, Lancaster Pa.
8. Full Name of Father, George E. DeHeart
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rawlin MD

Address, 811 Jefferson Ave Waverly

Remarks,

8970003869

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician, Midwife or other person who shall certify to the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH. 83799

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 12—1897
4. Place of Birth, (Street and Number) 21 Jenkins Lane
5. Full Name of Mother, ~~Anna Grote~~ Anna M Grote
6. Mother's Maiden Name, " " " Link
7. Mother's Birthplace, Baltimore Co md
8. Full Name of Father, Frederick W. A. Grote
9. Father's Occupation Harness Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks,

8970003870

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH. 83800

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19 - 1897
4. Place of Birth, (Street and Number) 520 Jefferson Ave Waverly
5. Full Name of Mother, Margaret. E. Parson
6. Mother's Maiden Name, " " Miles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James. J. Parson
9. Father's Occupation Lanator
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks,

8970003871

Wm. J. C. Dulany Co., City Printers and Stationers.

Every return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

3751

[Form 1236.]

GIVEN NAME ADDED 2-13-52

# RETURN OF A BIRTH. 83801

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charlotte Marie ~~Steuber~~ Steuber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 19th 97.

4. Place of Birth, (Street and Number) 1054 E Monument St

5. Full Name of Mother, Lilly M. C. Steuber

6. Mother's Maiden Name, Hendricks

7. Mother's Birthplace, Balto.

8. Full Name of Father, George J. Steuber

9. Father's Occupation Letter Carrier

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, A H Seltzer M D.

Address, 1541 E Eager St

Remarks,

8 4 7 0 0 0 3 8 7 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 83802

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 20 th 1897
4. *Place of Birth, (Street and Number)* 1114 Division St
5. *Full Name of Mother,* Mary Briggs
6. *Mother's Maiden Name,* Mary Briggs
7. *Mother's Birthplace,* West River
8. *Full Name of Father,* Lord Dundas
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Hester Solano

*Address,* 509 Preston St

*Remarks,*

8970003873

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

# RETURN OF A BIRTH. 83803

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, June 21st 1897
4. Place of Birth, (Street and Number) 308 Chappel St. Balto City.
5. Full Name of Mother, Lucinda Maddox
6. Mother's Maiden Name, Lucinda Dorsey
7. Mother's Birthplace, St. Mary's County Maryland
8. Full Name of Father, Sandford Maddox
9. Father's Occupation Laborer.
10. Father's Birthplace, Atlanta Georgia

Name of Medical Attendant, or other person who makes this return, Mrs. Julia A. Groome.

Address, 944 N. Gay St. Baltimore City.

Remarks,

8 9 7 0 0 0 3 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

# RETURN OF A BIRTH. 83804

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22 — 1897
4. *Place of Birth, (Street and Number)* 716 Jefferson
5. *Full Name of Mother,* Annie M. Hunter
6. *Mother's Maiden Name,* " " Shultz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William A. Hunter
9. *Father's Occupation* Miller
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, R G Rankin M D

*Address,* 811 Jefferson Ave Waverly

*Remarks,*

8970003875

Wm. J. C. Dulany Co., City Printers and Stationers.

The Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

# RETURN OF A BIRTH. 83895

GIVEN NAME ADDED 7/16/64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William H. Krause

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25/97
4. Place of Birth, (Street and Number) 1533 Aisquith St
5. Full Name of Mother, Annie B Krause
6. Mother's Maiden Name, Sanders
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil Krause
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, P W Seldner M D

Address, 1511 E. Eager St.

Remarks, CERTIFICATE FILED IN 1897

8 9 7 0 0 0 3 8 7 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83806

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 26 1917

4. Place of Birth, (Street and Number) 129 Stanford ave.

5. Full Name of Mother, Mary E Schuchhardt

6. Mother's Maiden Name, Sanders

7. Mother's Birthplace, Balto.

8. Full Name of Father, William G Schuchhardt

9. Father's Occupation painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, F W Feldmeier M. D.

Address, 1501 E Eager St.

Remarks, 8970003877

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83807

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28 th 1897
4. Place of Birth, (Street and Number) 1822 Gonbard St
5. Full Name of Mother, Elizabeth Bach
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Bach
9. Father's Occupation Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry Forster

Address, 905 E Washington St

Remarks,

8 9 7 0 0 0 3 8 7 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83808

GIVEN NAME ADDED 5-26-66

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie ~~Jones~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29 1897
4. Place of Birth, (Street and Number) 6010 Jefferson Ave Waverly
5. Full Name of Mother, Annie E. Jones
6. Mother's Maiden Name, " " Vogle
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Thomas E. Jones
9. Father's Occupation House painter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks,

8 9 7 0 0 0 3 8 7 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83809

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 3 1899
4. Place of Birth, (Street and Number) 317 Stockton st
5. Full Name of Mother, Frances Coltrage
6. Mother's Maiden Name,
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, John Coltrage
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Ann Cornish

Address, 871 Boyd st

Remarks, None

8970003880

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. The person who shall give the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83810

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Fem Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 3rd 1897
4. *Place of Birth, (Street and Number)* 902 Booth st
5. *Full Name of Mother,* Ella Harcum
6. *Mother's Maiden Name,* Ellas Cornish
7. *Mother's Birthplace,* Northumberland Co Va.
8. *Full Name of Father,* Helen Harcum
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Northumberland Co. Va.

*Name of Medical Attendant,* or other person who makes this Return, Ann Cornish

*Address,* 871 Boyd st

*Remarks,* Now 8970003881

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83811

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fendall Marbury
2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18 - 1897
4. Place of Birth, (Street and Number) 1196 W Lanvale St
5. Full Name of Mother, Silvine Slingluff Marbury
6. Mother's Maiden Name, Silvine Slingluff
7. Mother's Birthplace, Towson Md
8. Full Name of Father, Wm L Marbury
9. Father's Occupation, Lawyer
10. Father's Birthplace, Pr. Geo Co Md

Name of Medical Attendant, or other person who makes this Return, Dr B Buckelow

Address, 1807 N Charles St

Remarks, GIVEN NAME ADDED. 5-22-53

8970003882 M

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83812

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24 1897

4. Place of Birth, (Street and Number) 1235 N. Bway

5. Full Name of Mother, Georgia Edwards

6. Mother's Maiden Name, Blake

7. Mother's Birthplace, Md

8. Full Name of Father, Edward N Edwards

9. Father's Occupation Manager

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

8970003883

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and

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# RETURN OF A BIRTH. 83813

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 27th
4. *Place of Birth, (Street and Number)* 25 Arlington ave
5. *Full Name of Mother,* Mollie Smith
6. *Mother's Maiden Name,* " Dorsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tom Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Jane Garnish

*Address,* 87 Boyd st.

*Remarks,* None

8970003884

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83814

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Tenth Child |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 28 th 1897 |
| 4. *Place of Birth, (Street and Number)* | 811 Bradley Street |
| 5. *Full Name of Mother,* | Sarah Slater |
| 6. *Mother's Maiden Name,* | Sarah Drummond |
| 7. *Mother's Birthplace,* | Accomac Co. Va |
| 8. *Full Name of Father,* | William H. Slater |
| 9. *Father's Occupation* | Work in Brick yard |
| 10. *Father's Birthplace,* | Anannudel Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Annie A Connick |
| *Address,* | 871 Boyd Street |
| *Remarks,* | |

8970003885

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83815

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 25 1897

4. Place of Birth, (Street and Number) 216 Myrtle Avenue

5. Full Name of Mother, Annie Robinson

6. Mother's Maiden Name, Annie Bennett

7. Mother's Birthplace, St Marys Co Maryland

8. Full Name of Father, Charlie Robinson

9. Father's Occupation Driver

10. Father's Birthplace, Queen Annes Co MD

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Garnett

Address, 271 Boyd Street

Remarks, Baltimore MD

8 9 7 0 0 0 3 8 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 8387

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 28th 1897.
4. Place of Birth, (Street and Number) 540 N. Lanvale St.
5. Full Name of Mother, Annie Gertrude Rich.
6. Mother's Maiden Name, " " Hall.
7. Mother's Birthplace, St. Michaels, Md.
8. Full Name of Father, John H. Rich.
9. Father's Occupation, Clerk.
10. Father's Birthplace, Lancaster Co. Pa.

Name of Medical Attendant, or other person who makes this return. R. F. Carr, Jr. M.D.

Address, 535 N. Lanvale St.

Remarks,

18970003887

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 83817½

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 25th 1897
4. Place of Birth, (Street and Number) 631 Brunnillon St.
5. Full Name of Mother, Bertha Ringold
6. Mother's Maiden Name, " Sowden
7. Mother's Birthplace, N. Y. City
8. Full Name of Father, Geo. Ringold
9. Father's Occupation, Waiter
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. W. F. Carr Jr. M.D.

Address, 535 N. Lamade St.

Remarks,

8970003888

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 83818

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wh. |
| 3. *Date of Birth,* | June 7/47 |
| 4. *Place of Birth, (Street and Number)* | 2700 Penna. Ave. |
| 5. *Full Name of Mother,* | Mrs Geo. Pierce |
| 6. *Mother's Maiden Name,* | Annie Clifford |
| 7. *Mother's Birthplace,* | Balto. Co. Md. |
| 8. *Full Name of Father,* | George Pierce |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Balto. Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | E. A. Smith M.D. |
| *Address,* | 2531 Penna. Ave. |
| *Remarks,* | |

8970003889

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83819

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | June 2/97 |
| 4. *Place of Birth, (Street and Number)* | 2542 Druid Hill Ave. |
| 5. *Full Name of Mother,* | Mrs. Jacob List |
| 6. *Mother's Maiden Name,* | Edith Chambers |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Jacob List |
| 9. *Father's Occupation* | Conductor |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | C A Smith M.D. |
| *Address,* | 2531 Penna. Ave. |
| *Remarks,* | |

8970003890

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall cause a blank to be furnished to every physician, midwife or other person who may be in attendance upon any birth which may occur within the city, and shall keep a record of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83820

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, June 19/97
4. Place of Birth, (Street and Number) Elgin Ave.
5. Full Name of Mother, Mrs Edward Peters
6. Mother's Maiden Name, Maggie Burnett
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, Edward Peters
9. Father's Occupation Market Gardener
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, C A Smith M.D.

Address, 253 Pinna. Ave

Remarks,

8970003891

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall cause a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 8582/

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male, Carl Metzger Dinkelman
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1897
4. Place of Birth, (Street and Number) 735 N. Fulton Av.
5. Full Name of Mother, Lillie Dinkelman
6. Mother's Maiden Name, " Metzger
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Charles Dinkelman
9. Father's Occupation Merchant
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. Lancey & Barclay Phys.

Address, 22 Dr. Mudnum St Ln

Remarks, Full given name of child added by Geo. C. Cahill father in-law upon application for transcript Geo. C. Cahill

8 9 7 0 0 0 3 8 9 2

Rec'd. Mch. June 9-1926.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

# RETURN OF A BIRTH. 83822

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 9th 1897

4. Place of Birth, (Street and Number) 1903 N. Chesterfield Ave

5. Full Name of Mother, Elsey Young

6. Mother's Maiden Name, " Chance

7. Mother's Birthplace, Balto City

8. Full Name of Father, Frank Young

9. Father's Occupation B. C. R. R. Engineer

10. Father's Birthplace, Balt City

Name of Medical Attendant, or other person who makes this Return, Dr. E. Lucey & Barclay Med

Address, 22 Dr. Chesterfield Ave

Remarks,

8 9 7 0 0 0 3 8 9 3

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83823

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 9 ~~July~~ June
4. *Place of Birth, (Street and Number)* 1131 Clifton place
5. *Full Name of Mother,* Laura Wothnagel
6. *Mother's Maiden Name,* Schendfur
7. *Mother's Birthplace,* Germanie
8. *Full Name of Father,* Charles Wothnagel
9. *Father's Occupation* =
10. *Father's Birthplace,* Germ. ~~Baltimore~~

*Name of Medical Attendant, or other person who makes this Return,* Anna Walter

*Address,* 928 W. Central Ave.

*Remarks,*

8970003894

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83824

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 10, 1897 |
| 4. *Place of Birth, (Street and Number)* | 912 Edmondson Av |
| 5. *Full Name of Mother,* | Ida Lawing |
| 6. *Mother's Maiden Name,* | Ida Lykes |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | John Lawing |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant, or other person who makes this Return,* | M. K. Cosby |
| *Address,* | 213 E. Lexington |
| *Remarks,* | Dom Visit |

8970003895

Wm. J. C. Dulany Co., City Printers and Stationers.

The Physician, Midwife or other person in attendance upon any birth, and shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1233.]

# RETURN OF A BIRTH. 83825

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1897
4. Place of Birth, (Street and Number) 250 East Baltimore Street
5. Full Name of Mother, Nettie Rebecca Lansdale
6. Mother's Maiden Name, " - Hilling
7. Mother's Birthplace, Fermier Co. Md.
8. Full Name of Father, John Morrow Lansdale
9. Father's Occupation Manager
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, James E. O'Shaw, M.D.

Address, 2 E. Patterson Park Ave.

Remarks,

8 7 0 0 0 3 8 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83826

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its Parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 11, 1897 |
| 4. *Place of Birth, (Street and Number)* | 2930 Liman Place |
| 5. *Full Name of Mother,* | Katie DeLa Force |
| 6. *Mother's Maiden Name,* | Gitchell |
| 7. *Mother's Birthplace,* | California |
| 8. *Full Name of Father,* | Chas. T. B. DeLa Force |
| 9. *Father's Occupation* | Conductor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | J. P. Hurley M.D. |
| *Address,* | Hurley |
| *Remarks,* | |

8 7 7 0 0 0 3 8 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 83827

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, 12 day of June
4. Place of Birth, (Street and Number) Balto, Marsis st 935
5. Full Name of Mother, Mary Boyd
6. Mother's Maiden Name,
7. Mother's Birthplace, North thunding for gurnve
8. Full Name of Father, Samuel Parlam
9. Father's Occupation Sailar
10. Father's Birthplace, Calfart county Maryland

Name of Medical Attendant, or other person who makes this Return, Sarah Rallings

Address, 503 Baker st Bal 4

Remarks,

8970003898

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83828

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth 4

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), Color
3. Date of Birth, ~~Bab~~ Baltimore June 14 1897
4. Place of Birth (Street and Number), 1904 Baltimore Division st
5. Full Name of Mother, Elijie Matthews
6. Mother's Maiden Name, Elyy Barrett
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles L Matthews
9. Father's Occupation, waiter
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Ellen Macee

Address, 571 f Hoffman st

Remarks,

84700083899

The Baltimore Publishing Co., City Printers and Stationers

FORM 1236

# RETURN OF A BIRTH. 83929

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 14 - 97 |
| 4. *Place of Birth, (Street and Number)* | 601 N. Castle str. |
| 5. *Full Name of Mother,* | Maggie Rasch |
| 6. *Mother's Maiden Name,* | Maggie Etzel |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | John L. Rasch |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Charles H. A. Meyer M.D. |
| *Address,* | 1033 N. Caroline str. |
| *Remarks,* | |

8970003900

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-14-59

# RETURN OF A BIRTH 83830

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine Mason

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, June 15th 1897
4. Place of Birth, (Street and Number) 855 W. Lombard St
5. Full Name of Mother, Alice Mason
6. Mother's Maiden Name, Sliet
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, R. E. Mason
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. A. L. Gaitens

Address, 855 W Lombard St

Remarks,

8970003901

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83831

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 nd |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 15. 1897 |
| 4. *Place of Birth, (Street and Number)* | 402 Pearl ste |
| 5. *Full Name of Mother,* | Annie Stastny |
| 6. *Mother's Maiden Name,* | A. Rezek |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | John Stastny |
| 9. *Father's Occupation* | barber |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant, or other person who makes this Return,* | Marie L. Thalwitzer |
| *Address,* | 725 Mulberry ste |
| *Remarks,* | |

8970003902

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1235.]

# RETURN OF A BIRTH. 83832

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Penalty.** The Physician, Midwife, or other person required to furnish the same on this schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1240 Vance St |
| 5. *Full Name of Mother,* | Emma Reeder |
| 6. *Mother's Maiden Name,* | " Brusto |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Amos Reeder |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr Lance, H Barclay Asst. |
| *Address,* | 2 — Dr, Medical |
| *Remarks,* | |

8970003903

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83833

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude [redacted] Jeannette Hulse

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 16, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1407 E. Chase St |
| 5. *Full Name of Mother,* | Rena Hulse |
| 6. *Mother's Maiden Name,* | Rena Nicholson |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Oscar Hulse |
| 9. *Father's Occupation* | Mayor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. R. Caskey |
| *Address,* | 213 E. Hoffman |
| *Remarks,* | GIVEN NAME ADDED. 12-12-57 Nancy Hulse |

8970003904

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83834

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday 16th June
4. *Place of Birth, (Street and Number)* 403½ Sd
5. *Full Name of Mother,* Henrietta Maas
6. *Mother's Maiden Name,* Henrietta Haase
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Maas
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Mrs Wroden

*Address,*

*Remarks,* Child is Healthy.

8970003905

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 4-22-57

# RETURN OF A BIRTH. 83835

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Hanley ~~Hanley~~ Masterman 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1897
4. Place of Birth, (Street and Number) 2611 York Rd.
5. Full Name of Mother, Mary Masterman
6. Mother's Maiden Name, " Hanley
7. Mother's Birthplace, Balto. City
8. Full Name of Father, William Masterman
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. Lawrence H. Barclay Asst

Address, 22 W. Mulberry St

Remarks,

8 9 7 0 0 0 3 9 0 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 83836

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | the 17 of June 1897 |
| 4. *Place of Birth, (Street and Number)* | No 1406 E Biddle |
| 5. *Full Name of Mother,* | Maggie Jaegen |
| 6. *Mother's Maiden Name,* | Maggie Klein |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Peter Jaegen |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Jno C. Lauer |
| *Address,* | No 1054 Garrison Blvd |
| *Remarks,* | Bal. Md. |

8 9 7 0 0 0 3 9 0 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Registrar of Vital Statistics shall furnish to any physician or midwife, or other person required by law to report a birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 83837

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18-97.
4. Place of Birth, (Street and Number) 1222 Jackson st.
5. Full Name of Mother, Mary E. Hooper
6. Mother's Maiden Name, Mary E. Murphy
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Seaman C. Hooper
9. Father's Occupation Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer Jr.

Address, 1033 N. Caroline st.

Remarks,

8970003908

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83838

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 87
4. Place of Birth, (Street and Number) 2602 E. Baltimore St.
5. Full Name of Mother, Mary Ellen Thompson
6. Mother's Maiden Name, " " McDermick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward L. Thompson
9. Father's Occupation Pilot
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James E. McShane, M.D.

Address, 2 N. Patterson Park Ave.

Remarks, 8970003909

Wm. J. C. Dulany Co,. City Printers and Stationers.

[illegible] a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the been schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practicner of midwifery, or if the person or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report it or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines

# RETURN OF A BIRTH. 83839

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 22 1897 |
| 4. *Place of Birth, (Street and Number)* | 1307 E Eutaw ste |
| 5. *Full Name of Mother,* | Maggie Lee |
| 6. *Mother's Maiden Name,* | Rösler |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | James F. Lee |
| 9. *Father's Occupation* | clerk |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Marie C. Kalwitzer |
| *Address,* | 725 Mulberry Street |
| *Remarks,* | |

8 9 7 0 0 0 3 9 1 0

**Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83840

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 20th 1897 |
| 4. *Place of Birth, (Street and Number)* | #1240 Battery av. |
| 5. *Full Name of Mother,* | Zelmina Lamb |
| 6. *Mother's Maiden Name,* | Layton |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Jno N. Lamb |
| 9. *Father's Occupation,* | Bldr Smith |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | R. C. Lee |
| *Address,* | Hanover st. |
| *Remarks,* | 8970003911 |

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. D3 841

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* June 25 - 3 40 A M. 1897
4. *Place of Birth, (Street and Number)* 219 S. Wolfe St
5. *Full Name of Mother.* Carrie Emma Lewis
6. *Mother's Maiden Name.* C. E Hurley
7. *Mother's Birthplace.* Dorchester Co Md
8. *Full Name of Father.* Charles Miller Lewis
9. *Father's Occupation* Car Driver
10. *Father's Birthplace.* Of Md Co Md

*Name of Medical Attendant, or other person who makes this Return,* Jamb E Donnelly M D

*Address* 701 Baltimore St East

*Remarks,*

8970003912

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

# RETURN OF A BIRTH. 83842

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 25 / 97
4. *Place of Birth,* (*Street and Number*) 738 Columbia Ave
5. *Full Name of Mother,* Sarah A Vandersmith
6. *Mother's Maiden Name,* " " Pugh
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Joseph V Vandersmith
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Thos M Lemmerman M.D.

*Address,* 412 S. Paca St

*Remarks,*

8 9 7 0 0 0 3 9 1 3

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1336.]

# RETURN OF A BIRTH. 83843

GIVEN NAME ADDED 2-20-59

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Sadie ~~Elizabeth~~ Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, June 26 1896
4. Place of Birth, (Street and Number) 1314 Whitecoat St
5. Full Name of Mother, Clara Jackson
6. Mother's Maiden Name, Clara Moore
7. Mother's Birthplace, Baltimor
8. Full Name of Father, Joseph Jackson
9. Father's Occupation Butcher
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 503 Baker St

Remarks,

8970003914

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83844

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and third day of each and every month to the office of the Commissioner of midwifery, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1224 Bolton av. |
| 5. *Full Name of Mother,* | F. Irene Harrison |
| 6. *Mother's Maiden Name,* | Tull |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Jos. H. Harrison |
| 9. *Father's Occupation,* | Mariner |
| 10. *Father's Birthplace,* | Dorchester Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | R. E. Lee |
| *Address,* | Hanover st. |
| *Remarks,* | 8970003915 |

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. D3 845

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* June 26. 1897 -
4. *Place of Birth, (Street and Number)* 1027 Madison Ave. Balto City
5. *Full Name of Mother,* Mary - Cristi -
6. *Mother's Maiden Name,* Mary I Short.
7. *Mother's Birthplace,* Maryland -
8. *Full Name of Father,* William Cristi -
9. *Father's Occupation* farmer -
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant, or other person who makes this Return,* Dr. Bell Brewster M.D.

*Address,* 1027 Madison Ave -

*Remarks,* Mrs Cristi Came in Edmond City -
She Came to Baltimore to confinement

8 9 7 0 0 0 3 9 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-29-59

# RETURN OF A BIRTH 83846

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Frank John Weipert

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th, 1897.
4. *Place of Birth, (Street and Number)* 1745 York Rd. Balto.
5. *Full Name of Mother,* Mary M. Weipert
6. *Mother's Maiden Name,* Mary M. Hartman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Antone G. Weipert
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, J. B. Hartman M.D.

*Address,* 815 Hathaway Ave. Waverly Balto.

*Remarks,*

8 4 7 0 0 0 3 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83847

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (State whether male or female).* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 27. 97
4. *Place of Birth, (Street and Number)* 112 " Madeira St
5. *Full Name of Mother,* Josephine Wemmett
6. *Mother's Maiden Name,* " Cook
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Wemmett
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return. Howard C Silver MD

*Address,* 1427 E. Fayette St

*Remarks,*

8970003918

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83848

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28, 1897
4. Place of Birth, (Street and Number) 103 Portland St.
5. Full Name of Mother, Elizabeth Arnold
6. Mother's Maiden Name, " Naumann
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Arnold
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. N. E. Knight M.D.

Address, 523 Scott St.

Remarks.

8 9 7 0 0 0 3 9 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83849

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 30 1897 |
| 4. *Place of Birth, (Street and Number)* | 1924 Hanover St |
| 5. *Full Name of Mother,* | Anne Kaff Anne Bittlebach |
| 6. *Mother's Maiden Name,* | Bach |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Caspar Kaff |
| 9. *Father's Occupation* | Glass Blower |
| 10. *Father's Birthplace,* | France |
| *Name of Medical Attendant,* or other person who makes this Return, | D. R. Cosby |
| *Address,* | 212 E. Lee St |
| *Remarks,* | Leaving City |

8970003920

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83850

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 30, 1897 |
| 4. *Place of Birth, (Street and Number)* | 558 Pratt Man St. |
| 5. *Full Name of Mother,* | Cora L. Hampson |
| 6. *Mother's Maiden Name,* | Brown |
| 7. *Mother's Birthplace,* | W. Virginia |
| 8. *Full Name of Father,* | Edward Hampson |
| 9. *Father's Occupation,* | Builder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | J. M. Hood, M.D. |
| *Address,* | 16 E. Fitzmor St |
| *Remarks,* | |

Bur birth 8 9 7 0 0 0 3 9 2 1

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1236.]

# RETURN OF A BIRTH. 83851

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Lucy Matthews
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Washington
9. Father's Occupation Oyster man
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Theodore Abercrombie M.D.

Address, Johns Hopkins Hospital, Baltimore Md.

Remarks,

8970003922

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83852

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* Born 20th June
4. *Place of Birth, (Street and Number)* 2013 Clifton Street
5. *Full Name of Mother,* Susie L. Tomlinson
6. *Mother's Maiden Name,* Susie L. Hewett
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Vincent Tomlinson
9. *Father's Occupation* Candy Maker
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Mrs. M. L. Stocksdale

*Address,* 21 Cumberland St

*Remarks,*

970003923

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 88858

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 2. 1897 |
| 4. *Place of Birth, (Street and Number)* | 311 Hartje Road |
| 5. *Full Name of Mother,* | Catherine Kerr |
| 6. *Mother's Maiden Name,* | " Lang |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Albert F. Kerr |
| 9. *Father's Occupation* | Grocery Feed dealer |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | G. A. Hartman M.D. |
| *Address,* | 1121 N Caroline St. |
| *Remarks,* | |

8970003924

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF BIRTH. 88864

GIVEN NAME ADDED 2-6-62

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Helen Glaum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 6. 1897
4. Place of Birth, (Street and Number) 915 N Central Ave.
5. Full Name of Mother, Johanna Glaum
6. Mother's Maiden Name, " Rullman
7. Mother's Birthplace, Phila. Penn.
8. Full Name of Father, Jos Henry Glaum
9. Father's Occupation Packer
10. Father's Birthplace, Owings Mills, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, J. A. Hartman M.D.

Address, 1121 N Caroline St.

Remarks,

8970003925

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 88864

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 10. 1897
4. Place of Birth, (Street and Number) 314 S. Regester st.
5. Full Name of Mother, Clara Wilson Bamm
6. Mother's Maiden Name, " " Byrn
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Fred K. J. Bamm
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. A. Hartman M.D.

Address, 1131 N Caroline st.

Remarks,

8970003926

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83866

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13. 1897
4. Place of Birth, (Street and Number) 3017 Jefferson St.
5. Full Name of Mother, Mary Annie Mammoth
6. Mother's Maiden Name, " " Wright
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Chas. F. Mammoth
9. Father's Occupation Post-Office Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks,

8970003927

Wm. J. C. Dulany Co,. City Printers and Stationers.

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register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

83867

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 19 1897
4. Place of Birth, (Street and Number) 505 Hoffman Street
5. Full Name of Mother, Sarah Johnson
6. Mother's Maiden Name, unknown
7. Mother's Birthplace, West Virginia
8. Full Name of Father, Henry Johnson
9. Father's Occupation Laborer work
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return, Dr Ellen Moore

Address, 511 Hoffman St West

Remarks,

8970003928

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH.

85888

OVER NAME ADDED 8-16-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Judson ~~Miller~~ Miller Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20. 1894
4. Place of Birth, (Street and Number) 1012 Ashland Ave.
5. Full Name of Mother, C. Marion Miller
6. Mother's Maiden Name, " " Emery
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward C. J. Miller
9. Father's Occupation Agt. Metropolitan Life Ins. Co.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jos. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks,

8970003929

Wm. J. C. Dulany Co,. City Printers and Stationers.

over

# RETURN OF A BIRTH. 83859

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

Name Oliver Quodoma

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21. 1897
4. Place of Birth, (Street and Number) 1756 Bank st.
5. Full Name of Mother, Mary Catherine Quodoma
6. Mother's Maiden Name, " " Thirkield
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Oliver Wesley Quodoma
9. Father's Occupation Builder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline st.

Remarks,

8970003930

Wm. J. C. Dulany Co,. City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83860

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 29, 1897
4. *Place of Birth, (Street and Number)* 501 Cross St.
5. *Full Name of Mother,* Anna Mary Cyd
6. *Mother's Maiden Name,* " " Willax
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Cyd
9. *Father's Occupation* Pharmacist
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other person who makes this Return, Geo A Hartman M.D.

*Address,* 1131 N Caroline St.

*Remarks,*

8 9 7 0 0 0 3 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83861

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10th
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,* 41 [illegible]

*Remarks,*

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 3 9 3 2

[1236.]

# RETURN OF A BIRTH. 83862

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 17th 1894 |
| 4. *Place of Birth, (Street and Number)* | 437 E Clement St |
| 5. *Full Name of Mother,* | Mary Magdalena Woods |
| 6. *Mother's Maiden Name,* | Mary Magdalena Mackenzy |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Thomas Cross Woods |
| 9. *Father's Occupation* | Steel iron Worker |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Burke |
| *Address,* | 1828 Light St |
| *Remarks,* | Doing Well |

8970003933

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83863

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Estelle Waters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd, 1897
4. Place of Birth, (Street and Number) 115 N Castle St
5. Full Name of Mother, Amelia D. Waters
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Waters
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. T. Davenport

Address, 2024 E. Pratt St

Remarks, Living

SIXTH NAME ADDED 5-21-54 hm

8970003934

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83864

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edna Otter

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 11 Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White race |
| 3. Date of Birth, | 4th July, 1897 |
| 4. Place of Birth, (Street and Number) | 15. West Lee st |
| 5. Full Name of Mother, | Cunnie Otter |
| 6. Mother's Maiden Name, | Cunnie Tickenacker |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | August Otter |
| 9. Father's Occupation | Fireyman |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Ann Taylor |
| Address, | 41 Guilford alley |
| Remarks, | |

8970003935

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84857

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 1st '97 |
| 4. *Place of Birth, (Street and Number)* | Hillen Road |
| 5. *Full Name of Mother,* | Mary Lucas |
| 6. *Mother's Maiden Name,* | Poncet |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George F. Lucas |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Bloomington Ills. |
| *Name of Medical Attendant,* or other person who makes this Return, | Thomas O'Brien M.D. |
| *Address,* | 219 W. Monument St. |
| *Remarks,* | |

8970003936

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83766

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

*No. of Child of Mother,* (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the white race~~) Colored
3. *Date of Birth,* July 12/1897
4. *Place of Birth,* (*Street and Number*) 556 N Mary St
5. *Full Name of Mother,* Emma Durant Turner
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Saml Turner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Va

*Name of Medical Attendant,* or other Person who makes this Return — Pearce Kintzing M D

*Address,* 424 N Green St

*Remarks,* Lone P

8970003937

"Every person in the City of Baltimore, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

M 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83867

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1897
4. Place of Birth, (Street and Number) Cor Pattison Ave & Calhoun
5. Full Name of Mother, Emma Elizabeth Williams
6. Mother's Maiden Name, " " Keiser
7. Mother's Birthplace, Reisterstown Md
8. Full Name of Father, Edw Elliotte Williams
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Baum

Address, 1209 Orestman St.

Remarks,

8970003938

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-17-56

# RETURN OF A BIRTH. 8 3868

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elwood Bryan Ensor

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white ~~race~~)
3. *Date of Birth*, July 1st 1897
4. *Place of Birth*, (Street and Number) 1031 N. Eutaw St
5. *Full Name of Mother*, Estelle L Ensor
6. *Mother's Maiden Name*, " " Henderson
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, John B Ensor
9. *Father's Occupation* Carriage Manufacturer
10. *Father's Birthplace*, Baltimore Co. Md.

*Name of Medical Attendant*, or other person who makes this Return, Dr. Theodore Cooke

*Address*, 914 N. Chas St

*Remarks*,

8970003939

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83869

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 27th

4. *Place of Birth, (Street and Number)* 432 Eutaw St

5. *Full Name of Mother,* Katie Landvoe

6. *Mother's Maiden Name,* Lowe

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Frank Landvoe

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore Co

*Name of Medical Attendant,* or other person who makes this Return, Mrs M Buckley

*Address,* 72 Hanover, St

*Remarks,*

8 4 7 0 0 0 3 9 4 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st 1897
4. Place of Birth, (Street and Number) 414 S. Bond st.
5. Full Name of Mother, Katie Rosenblatt
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Meyer Rosenblatt s
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970003941

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83871

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st July
4. Place of Birth, (Street and Number) 838 S. Bond Stt.
5. Full Name of Mother, Katie Sinovsky
6. Mother's Maiden Name, Juras
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Sinovsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Bond Stt. Balto. Md.

Remarks, City

8970003942

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Form 1236.]

# RETURN OF A BIRTH. 83872

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 1 1897
4. Place of Birth, (Street and Number) No 18 Hollins St extended
5. Full Name of Mother, Clara Link
6. Mother's Maiden Name, Clara Halfpap
7. Mother's Birthplace, Germany
8. Full Name of Father, John Link
9. Father's Occupation Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Frederick Ave annex

Remarks,

8970003943

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1286.]

# RETURN OF A BIRTH. 83873

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 2nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 931 Valley St. |
| 5. *Full Name of Mother,* | Maggie B. King |
| 6. *Mother's Maiden Name,* | " " Reilley |
| 7. *Mother's Birthplace,* | W. Virginia |
| 8. *Full Name of Father,* | James E. King |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Ch. Lauer |
| *Address,* | 1059 Harford Ave |
| *Remarks,* | |

8970003944

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83874

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd of July (89)

4. Place of Birth, (Street and Number) No 927 E Lan St

5. Full Name of Mother, Florence Sexton

6. Mother's Maiden Name, Florence Kohler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Sexton

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C L Lauer

Address, No 1059 Hanover Ave

Remarks, Bal Md

1897

8970003945

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the attendance of a physician after it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to

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1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 th July 1894
4. *Place of Birth, (Street and Number)* 1426 E Light St
5. *Full Name of Mother,* Florence Flemmings
6. *Mother's Maiden Name,* Florence Boyce
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Richard W Flemmings
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, C A Brooks

*Address,* 1828 Light St

*Remarks,* Dying Well

8970003946

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83 876

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday July 2. 1897
4. Place of Birth, (Street and Number) 314 Mystic avenue Baltimore
5. Full Name of Mother, Etta Powell.
6. Mother's Maiden Name, Etta Brooks.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Powell
9. Father's Occupation Labor.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Ann Mason

Remarks, 537 Poplar st. Baltimore

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Wm. J. C. Dulany Co., City Printers and Stationers

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83877

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday July 2 1897
4. Place of Birth, (Street and Number) Baltimore 609 Walnut st
5. Full Name of Mother, Gertie Brown
6. Mother's Maiden Name, Gertie Fielkes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Brown
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Ann Mason

Address, 537 Harrison st

Remarks, Baltimore

8 9 7 0 0 0 3 9 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83878

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 2nd |
| 4. *Place of Birth, (Street and Number)* | 735½ W. Mulberry st |
| 5. *Full Name of Mother,* | Elisabeth Beckman |
| 6. *Mother's Maiden Name,* | " " Becker |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Fred. W. Beckman |
| 9. *Father's Occupation* | Galvanized Cornice Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Wilhelmina Bensch |
| *Address,* | 802 W. Baltimore St. |
| *Remarks,* | |

8970003949

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

GIVEN NAME ADDED 7-16-52

# RETURN OF A BIRTH. 83879

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Edna May Boyle

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 2 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1520 Clement st. 1520 |
| 5. *Full Name of Mother,* | Nora May Boyle |
| 6. *Mother's Maiden Name,* | " " Penn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Joseph Boyle |
| 9. *Father's Occupation* | Ship. building |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Cath. Mahon |
| *Address,* | 1331 Hull st. Locust Point. |
| *Remarks,* | |

8970003950

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83780

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 2nd |
| 4. *Place of Birth, (Street and Number)* | #2016 Bank st. |
| 5. *Full Name of Mother,* | Mamie Lallery |
| 6. *Mother's Maiden Name,* | Mamie Kelly |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Michael ~~Lallery~~ Lallery |
| 9. *Father's Occupation,* | Bar Tender |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary A. Portner |
| *Address,* | #241 E. Chesterst |
| *Remarks,* | |

8 9 7 0 0 0 3 9 5 1

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8388

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother* (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) Mulatto,
3. *Date of Birth* July 2nd
4. *Place of Birth*, (Street and Number) 735 Little George St.
5. *Full Name of Mother*, Rosa Bowie Smith
6. *Mother's Maiden Name*, "
7. *Mother's Birthplace*, Baltimore,
8. *Full Name of Father*, George Bowie.
9. *Father's Occupation*, Driver.
10. *Father's Birthplace*, Baltimore.

*Name of Medical Attendant*, or other Person who makes this Return. W. E. Watts.

*Address*, 1711 Madison Ave,

*Remarks*,

8970003952

**Report of Vital Statistics in the City of Baltimore.**

SECTION 7—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the said and every month to the Office of the Commissioner of Health. In case the parents, the date and third day of each and every month to the Office of midwifery, or should no other person certificate between the first and third day of each and every month to the Office of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 8382

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 2 - 1897
4. *Place of Birth, (Street and Number)* 1800 N. Dallas St.
5. *Full Name of Mother,* Minnie Baumgardner
6. *Mother's Maiden Name,* Uhl
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. F. Baumgardner
9. *Father's Occupation* Box - Maker
10. *Father's Birthplace,* New York

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Pratt St.

*Remarks,*

8970003953

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—The Undertaker shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236]

# RETURN OF A BIRTH. 83883.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | July 2nd 1899 |
| 4. *Place of Birth, (Street and Number)* | 113 N. Amity |
| 5. *Full Name of Mother,* | Elizabeth Nicholls |
| 6. *Mother's Maiden Name,* | Roll |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | Wm. W. Nicholls |
| 9. *Father's Occupation* | Hack Driver |
| 10. *Father's Birthplace,* | Carroll Co. Md — |
| *Name of Medical Attendant,* or other person who makes this Return, | Jos. F. Saunders |
| *Address,* | 1070 W. Fayette |
| *Remarks,* | L. O. D. St. Hospital |

8970003954

**Record of Vital Statistics in the City of Baltimore.**

—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or superintendence a birth shall hereafter take place, shall keep a true and correct register of whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. F. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83884

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday July 2 1897.
4. Place of Birth, (Street and Number) 561 McKissaley. Baltimore
5. Full Name of Mother, Hattie Gaud.
6. Mother's Maiden Name, Hattie Smith
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, Edward Young
9. Father's Occupation Sailor.
10. Father's Birthplace, Calvert Co Md.

Name of Medical Attendant, or other person who makes this Return, Mary Ann Hanson

Address, 537 Walnut alley

Remarks, Baltimore Md.

8970003955

SECTION ... Baltimore ... shall be ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1286.]

# RETURN OF A BIRTH. 83885

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 2th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1708 S Charles St |
| 5. *Full Name of Mother,* | Mary Hays |
| 6. *Mother's Maiden Name,* | Mary Dolans |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Lawrence Hays |
| 9. *Father's Occupation* | Electrician |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | C A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dying Well |

8970003956

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83886

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 2nd

4. Place of Birth, (Street and Number) 918 Fort Ave

5. Full Name of Mother, Beatrice Compton

6. Mother's Maiden Name, Not Stated

7. Mother's Birthplace, Maryland

8. Full Name of Father, Not Compton

9. Father's Occupation Farmer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Susan A. Nelson

Address, 201 E Church St

Remarks,

8970003957

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

Form 1236.]

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83887

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2/97
4. *Place of Birth, (Street and Number)* 606 Lanvale Pl
5. *Full Name of Mother,* Rachel James
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Pierson
9. *Father's Occupation*
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Louise X Lane mark

*Address,* 622 Sarah Anna Pl

*Remarks,*

8 9 7 0 0 0 3 9 5 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83888

GIVEN NAME ADDED 8-31-61

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Garrett ~~Wilbur~~ Roy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) African
3. Date of Birth, July 2nd, 1897
4. Place of Birth, (Street and Number) McDonough St 926
5. Full Name of Mother, Maria Roy
6. Mother's Maiden Name, Maria Muse
7. Mother's Birthplace, Middlesex County Va.
8. Full Name of Father, Geo Henry Roy
9. Father's Occupation, Laborer
10. Father's Birthplace, Middlesex County Va.

Name of Medical Attendant, or other person who makes this Return. Peggie Hudnall

Address, 921 McDonough Street

Remarks,

8470003959

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

M 1236]

# RETURN OF A BIRTH. 83889

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2 — 1897
4. Place of Birth, (Street and Number) 143 & E Camden St.
5. Full Name of Mother, Amie Stavrokas
6. Mother's Maiden Name, Gries
7. Mother's Birthplace, Greece
8. Full Name of Father, Pamannus Stavrokos
9. Father's Occupation, Fruid Dealer
10. Father's Birthplace, Greece

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970003960

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83890

GIVEN NAME ADDED 6-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Catherine Priscilla

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, July 3 — 1897,
4. Place of Birth, (Street and Number) S 1148 Ridgley st
5. Full Name of Mother, Ida Reil
6. Mother's Maiden Name, Bentley
7. Mother's Birthplace, Balto City
8. Full Name of Father, Joseph Reil
9. Father's Occupation, Cart-driver,
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Thos. O. Chesham M.D.

Address, 721 Columbia Ave.

Remarks,

8970003961

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8389

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Record of Vital Statistics in the City of

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Saturday July 3d 97 5:40 P.m.

4. Place of Birth, (Street and Number) 717 Portland st

5. Full Name of Mother, Amelia E. Vorsemberge

6. Mother's Maiden Name, Amelia E. Leinitz

7. Mother's Birthplace, Mt Winans Balto. Co Md

8. Full Name of Father, Frank F. Vorsemberge

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Dr. Mulberry St.

Address, 412 W Baltimore Md

Remarks,

8970003962

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83892

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, July 3rd
4. Place of Birth, (Street and Number) No 602 N Chester St
5. Full Name of Mother, Mary Vogel
6. Mother's Maiden Name, Stroll
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. Vogel
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument St

Remarks,

8970003963

Wm. J. C. Dulany Co., City Printers and Stationers.

BALTIMORE CITY HEALTH DEPARTMENT

# CERTIFICATE OF LIVE BIRTH

Registered No. A-83414

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 1720 Maryland Avenue
(If rural give location)

3. Full name of child Edwin Irving

4. Date of birth June 8 1897
(Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

## FATHER OF CHILD

9. Full Name Samuel Irving
10. Color or race W 11. Age at time of this birth - yrs.
12. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

## MOTHER OF CHILD

15. Full Maiden Name Maude Merrick
16. Color or race W 17. Age at time of this birth - yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
1720 Maryland Avenue

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar June 30 1897

25. Signed Dr. C. Hampson Jones
Registrar

26. Given name added ..... by Registrar per .....

(Signed) B. C. Callan M. D.
Physician (or midwife) who attended this birth
or .....
Commissioner of Health and Registrar

Address .....

0 0 3 9 6 4 OCT 28 1968
Date

VS 100

No information appears on the original filing for information not appearing on this certificate.

# RETURN OF A BIRTH. 83427

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) [illegible]
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 14th 97
4. Place of Birth, (Street and Number) 724 W Franklin St
5. Full Name of Mother, Florence E. Shirley
6. Mother's Maiden Name, Florence E. Rotan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jos Shirley
9. Father's Occupation, Chiropodist
10. Father's Birthplace, City

Name of Medical Attendant, Dr. Bortus Few MD

Address, 31 E Pleasant St

Remarks, C 1897000 [illegible]

Health. [illegible] shall contain a list of the births which have occurred under his or her care during the month, and [illegible] forth as far as the name can be ascertained the full name of each child, (if any shall have been confined) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third [illegible] day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall [illegible] without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance [illegible] mother, immediately thereafter it shall become the duty of the person or parents of such child [illegible] to the Commissioner of Health, in the manner and within the period above required, and any such [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the [illegible] of fifty (50) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY [illegible]

# RETURN OF A BIRTH 834 28

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| *1. Sex (state whether male or female),* | M. |
| *2. Race or Color (if not of the white race),* | W. |
| *3. Date of Birth,* | June 14 |
| *4. Place of Birth (Street and Number),* | 1214 McCeden |
| *5. Full Name of Mother,* | Carlie. Volucki |
| *6. Mother's Maiden Name,* | Kelner |
| *7. Mother's Birthplace,* | Russia. |
| *8. Full Name of Father,* | Philip Volucki |
| *9. Father's Occupation,* | Tailor |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or | A Yarowitch M.D. |
| *Address,* | 212 E. Baltimore St. |
| *Remarks,* | |

and shall [illegible] as far as the same can be ascertained the full name of each child, (if any shall have been con- [illegible] the full name and occupation of the parents, the date and place of birth; and the said schedule [illegible] ly signed by the practitioner in the form of a certificate between the first and third day of [illegible] to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, [illegible] a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, [illegible] ly thereafter is shall become the duty of the person or parents of such child to report its birth to the C[illegible] Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH. 83429

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health ... this schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been named) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ... male shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colard |
| 3. *Date of Birth,* | June 14 |
| 4. *Place of Birth, (Street and Number)* | No 1092 E Monument st |
| 5. *Full Name of Mother,* | Fannie Bodin |
| 6. *Mother's Maiden Name,* | Fannie Johnson |
| 7. *Mother's Birthplace,* | Eastern Shore Va |
| 8. *Full Name of Father,* | William H Bodin |
| 9. *Father's Occupation* | Sailor |
| 10. *Father's Birthplace,* | Eastern Shore Va. |
| *Name of Medical Attendant, (or other person who makes this Return,* | Maria Wright |
| *Address,* | No 14 Ensor st |
| *Remarks,* | None |

8 9 7 0 0 3 9 6 7

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same on blank schedule, to be furnished by the Commissioner of
of the births which have occurred under his or her care during the
Health. This schedule shall contain a list of the births which have occurred during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been named, the sex, color, the full name and occupation of its parents, the date and place of birth, and the
name and occupation of its parents, the date and place of birth, and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83430

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 t

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of Juni 1897.
4. *Place of Birth, (Street and Number)* 1817 Orleans St
5. *Full Name of Mother,* Laura Coburn
6. *Mother's Maiden Name,* Laura Burns
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Georg Georg Coburn
9. *Father's Occupation* Stanmason
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this return, Mrs Ida Hille

*Address,* 207 N. Castle St

*Remarks,*

18970003968

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# RETURN OF A BIRTH. 83431

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 14th 97 |
| 4. *Place of Birth, (Street and Number)* | 1904 W. Royal ave |
| 5. *Full Name of Mother,* | Annie Botto |
| 6. *Mother's Maiden Name,* | " Enger |
| 7. *Mother's Birthplace,* | Richmond Va |
| 8. *Full Name of Father,* | A. M. Botto |
| 9. *Father's Occupation* | Collector |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant, or other person who makes this return,* | L. F. Finney |
| *Address,* | |
| *Remarks,* | |

1897000396 9

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83432

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), F.
2. Race or Color (if not of the white race), Br.
3. Date of Birth, June 14. 1897
4. Place of Birth (Street and Number), 23. N. High St.
5. Full Name of Mother, Mary Levine
6. Mother's Maiden Name, Radisch
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Levine
9. Father's Occupation, Shoes.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Alfred W. Litchfield M.D.

Address, 1121 E. Balt. St.

Remarks, Abdominal enlargement - Probably hepatic

1897 No. 0 3 9 7 6

The Baltimore Publishing Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83433

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Clarinda Margaret Ackler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 15th 97
4. Place of Birth, (Street and Number) 1702 Hopkins Ave
5. Full Name of Mother, Bessie Ackler
6. Mother's Maiden Name, Dorsey
7. Mother's Birthplace, Maryland
8. Full Name of Father, William F. Ackler
9. Father's Occupation, Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Bastian Ten MD

Address, 345 N Paca St

Remarks, 1 8970003971

The Registrar shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

FORM 1256]

# RETURN OF A BIRTH. 83434

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, June 16 1897

4. Place of Birth, (Street and Number) 1718 Latrobe St.

5. Full Name of Mother, Fannie Alexander Worsom

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va.

8. Full Name of Father, Solomon Alexander

9. Father's Occupation Waiter

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Dr. Houghton Bradley

Address,

Remarks, Normal

8970003972

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, within six hours after the birth of any child, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83435

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th June 1894
4. Place of Birth, (Street and Number) 1620 James Alley
5. Full Name of Mother, Martha Conrad
6. Mother's Maiden Name, Martha Pfeiffer
7. Mother's Birthplace, Germany
8. Full Name of Father, William D Conrad
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E L Brooks

Address, 1525 Eight St

Remarks, Dying Well

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Wm. J. C. Dulany Co., City Printers and Stationers.

8970003973

be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83436

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 17, 97.
4. Place of Birth, (Street and Number) 533 Bloom St
5. Full Name of Mother, E. B. Boardley
6. Mother's Maiden Name, E. B. Hamlin
7. Mother's Birthplace, Virginia
8. Full Name of Father, Jos. L. Boardley
9. Father's Occupation, Waiter
10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, M. Nelson Yost

Address, 123 Eutaw Ave

Remarks,

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1 89700039 74

1236.]

# RETURN OF A BIRTH. 83437

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th June 1894
4. Place of Birth, (Street and Number) 400 E Hart ave
5. Full Name of Mother, Mary Nugent
6. Mother's Maiden Name, Mary Kennedy
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Arthur Nugent
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brook

Address, 1828 Light St

Remarks, Doing Well

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970003975

# RETURN OF A BIRTH. 83438

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of June 97
4. *Place of Birth, (Street and Number)* 418 S Paca St
5. *Full Name of Mother,* Anna Cramer
6. *Mother's Maiden Name,* Anna Martin
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Cramer
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Priscilla Keller midwife

*Address,* 214 W. Pratt St

*Remarks,*

8 9 7 0 0 0 3 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83439

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 June
4. *Place of Birth, (Street and Number)* Baltimore 511 N. West st
5. *Full Name of Mother,* Maggie A Murphy
6. *Mother's Maiden Name,* Maggie A Bowers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Matthew C Murphy
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bangs

*Address,* 711 N. Gilmor st.

*Remarks,*

8970003977

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83440

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 of June
4. *Place of Birth, (Street and Number)* 102 Lemmon St.
5. *Full Name of Mother,* Lou Lizzie
6. *Mother's Maiden Name,* Mary Garrish
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Garrish
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary J Lawson

*Address,* 927 Calhoun St.

*Remarks,*

8970003978

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

# RETURN OF A BIRTH. 83441

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 18 June 1897. |
| 4. *Place of Birth, (Street and Number)* | 210 E Chester St. |
| 5. *Full Name of Mother,* | Annie Rosenberg |
| 6. *Mother's Maiden Name,* | Annie Silverman |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Morris Rosenberg |
| 9. *Father's Occupation* | Storekeeper |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman |
| *Address,* | 42. Albemarle St. |
| *Remarks,* | |

8970003979

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83-42

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 18 1897
4. *Place of Birth, (Street and Number)* 2219 N Jennings St.
5. *Full Name of Mother,* Mrs Lottie Lee Beard
6. *Mother's Maiden Name,* Miss Lottie Lee Henry
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Mr Edgar Thomas Beard
9. *Father's Occupation* Finisher
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other person who makes this Return

*Address,*

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

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...st of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 83443

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 16. (6. 10. A. M.)
4. Place of Birth, (Street and Number) 347 Woodyear Street.
5. Full Name of Mother, Catharina Beyer,
6. Mother's Maiden Name, Ibert,
7. Mother's Birthplace, Fischbach - Bavaria - Germany.
8. Full Name of Father, Karl Beyer,
9. Father's Occupation Laborer,
10. Father's Birthplace, Baltr. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kaune for the

Address, Mothers Relief Society, 1712 Eutaw Place.

Remarks.

8 4 7 0 0 0 3 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83444

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 14 |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Negro |
| 3. Date of Birth, | June 18th 1897 |
| 4. Place of Birth, (Street and Number) | 1205 Jefferson St |
| 5. Full Name of Mother, | Narcissus Reynolds. |
| 6. Mother's Maiden Name, | Conner |
| 7. Mother's Birthplace, | North Carolina |
| 8. Full Name of Father, | J. R. Reynolds. |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Maryland |
| Name of Medical Attendant, or other person who makes this Return, | Miss Dabney M.D. |
| Address, | Johns Hopkins Hospital Baltimore Md |
| Remarks, | |

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any be in attendance of a physician or practitioner of midwifery, or should no other person, of such shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such shall become the duty, immediately thereafter, it shall become the duty, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health to comply with the provisions and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83445

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 18/97
4. Place of Birth, (Street and Number) #521 South Wolfe St
5. Full Name of Mother, Michlina Jankewicz
6. Mother's Maiden Name, Don't Know
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Jankewicz
9. Father's Occupation Lock Smith
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, #1710 Alice Anna St

Remarks, Full Time

8970003983

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83446

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th June 97
4. Place of Birth, (Street and Number) 919 Williams St
5. Full Name of Mother, Jennie Clift
6. Mother's Maiden Name, " Gresham
7. Mother's Birthplace, Lancaster Co
8. Full Name of Father, Geo F. Clift
9. Father's Occupation Sailmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jno E Jewell

Address, 600 E Fort Ave

Remarks,

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83467

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 19th June 97
4. *Place of Birth, (Street and Number)* 1512 Riverside Ave
5. *Full Name of Mother,* Alice Zimmerman
6. *Mother's Maiden Name,* " Zapp
7. *Mother's Birthplace,* Martinsburg Va
8. *Full Name of Father,* Chas Zimmerman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Cumberland Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs E. Gewell

*Address,* 650 E. Fort Ave

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83488

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19/97 |
| 4. *Place of Birth, (Street and Number)* | #1715 Alice Anna St |
| 5. *Full Name of Mother,* | Mary Kowalski. |
| 6. *Mother's Maiden Name,* | Mary Purul. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Kowalski. |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this return, | Annie Grochmol. |
| *Address,* | #1710 Alice Anna St |
| *Remarks,* | Full Time |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83449

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Items.* This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 Th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19/97 |
| 4. *Place of Birth, (Street and Number)* | # 911 Fell St |
| 5. *Full Name of Mother,* | Kostancija Triesolet6 |
| 6. *Mother's Maiden Name,* | Dont Know |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Frank, Triesolet6 |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Annie Grochmal. |
| *Address,* | # 1710 Alice Anne St |
| *Remarks,* | Full time |

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FORM 1236]

# RETURN OF A BIRTH. 83450

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 19. (9. 10. A. M.)
4. Place of Birth, (Street and Number) 1347 Andre Street (Locust Point)
5. Full Name of Mother, Emma May Craggs.
6. Mother's Maiden Name, Russell,
7. Mother's Birthplace, Philadelphia.
8. Full Name of Father, ~~Charles~~ Thos. F. Craggs.
9. Father's Occupation Laborer
10. Father's Birthplace, Southfield Va.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenne (for the

Address, Women Relief Society) 1412 Eutaw Place.

Remarks,

8470003988

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# RETURN OF A BIRTH. 83451

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th June 1894
4. Place of Birth, (Street and Number) 111 ½ Gittings St
5. Full Name of Mother, Clara Snyder
6. Mother's Maiden Name, Clara Weavers
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Terrence Snyder
9. Father's Occupation Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Loyacks

Address, 1828 Light St

Remarks, Dairy Well

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or should no other person or parents of such child to report its birth as aforesaid, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83452

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 June 1897
4. *Place of Birth, (Street and Number)* Dacotah Locust Point
5. *Full Name of Mother,* Augustas Bradly
6. *Mother's Maiden Name,* Augustas Davis
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Bradly
9. *Father's Occupation,* labor
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Cornelia allen

*Address,* 1407 Nicholson st City

*Remarks,*

Wm J C Dulany Co, City Printers and Stationers. 8 7 U 0 0 3 9 9 0

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 83453

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19 1897
4. *Place of Birth, (Street and Number)* 1416 Hilpot St.
5. *Full Name of Mother,* Annie Ganley
6. *Mother's Maiden Name,* Dunn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Ganley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant or other person who makes this return,* Mary Stein

*Address,* 1427 E. Fatt St.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83454

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother* (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) Negro
3. *Date of Birth* 17th June
4. *Place of Birth*, (*Street and Number*) 534 N. Mary's St.
5. *Full Name of Mother*, Amelia Thomas
6. *Mother's Maiden Name*, " Cozier
7. *Mother's Birthplace*, Baltimore,
8. *Full Name of Father*, James Thomas,
9. *Father's Occupation*, Sailor,
10. *Father's Birthplace*, Calvert County Maryland,

*Name of Medical Attendant*, or other Person who makes this Return. Mrs. Yates,

*Address*, 1711 Madison Avenue,

*Remarks*,

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of the person or parents of such child, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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RM 1236.]

# RETURN OF A BIRTH. 8345-5

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 19, 1897.
4. Place of Birth, (Street and Number) 2800 Cedar ave.
5. Full Name of Mother, May Florence Gardner.
6. Mother's Maiden Name, Somers.
7. Mother's Birthplace, Md.
8. Full Name of Father, Maxwellian Gardner.
9. Father's Occupation Merchant.
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, Chas H. Tintchell M.D.

Address, 291 Chestnut ave.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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FORM 1230]

Section 3. That it shall be the duty of the Registrar of Vital Statistics, and he is hereby authorized and required, to furnish to each practitioner of medicine, midwifery or surgery, and to each person who may be required to report births, a sufficient number of blank schedules, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83456

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 19 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1021 N Washington |
| 5. *Full Name of Mother,* | Maggie Biddison |
| 6. *Mother's Maiden Name,* | " Finck |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | George H. Biddison |
| 9. *Father's Occupation* | Huckster |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allwell |
| *Address,* | 1438 N. Bond St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

RN 1236]

# RETURN OF A BIRTH. 83457

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second (2) |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 19. 1897 |
| 4. *Place of Birth, (Street and Number)* | Westport Balto County Md |
| 5. *Full Name of Mother,* | Mary E. McKay |
| 6. *Mother's Maiden Name,* | Mary E. Tighe |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | John T. McKay |
| 9. *Father's Occupation* | Saloon Keeping |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bange |
| *Address,* | 711 N. Wood St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83458

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | sip |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 20 1877 |
| 4. *Place of Birth, (Street and Number)* | 1836 Eagle St. |
| 5. *Full Name of Mother,* | Eva Itter |
| 6. *Mother's Maiden Name,* | Korte |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Itter |
| 9. *Father's Occupation* | Stonecutter |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Bange |
| *Address,* | 711 N. Howard St. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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FORM 1236.]

# RETURN OF A BIRTH. 83459

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 20, 1897.
4. Place of Birth, (Street and Number) 516 Hickory ave.
5. Full Name of Mother, Ella Mann.
6. Mother's Maiden Name, Linn.
7. Mother's Birthplace, Md.
8. Full Name of Father, Henry Charles Mann.
9. Father's Occupation Huckster.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

Wm. J. C. Dulany Co., City Printers and Stationers.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83460

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | June 20 1897. |
| 4. *Place of Birth, (Street and Number)* | 624 Mosher St |
| 5. *Full Name of Mother,* | Mary Thomas |
| 6. *Mother's Maiden Name,* | Mary Barister |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | John Thomas |
| 9. *Father's Occupation* | Had Carrier |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | W. B. Hawkins |
| *Address,* | 509 W Saratoga St |
| *Remarks,* | |

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**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83461

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | June 20/97 |
| 4. *Place of Birth, (Street and Number)* | 162 Chestnut Ave |
| 5. *Full Name of Mother,* | Kate E Cornell |
| 6. *Mother's Maiden Name,* | " " Wilhelm |
| 7. *Mother's Birthplace,* | Carroll Co Md. |
| 8. *Full Name of Father,* | J. Edw. Cornell |
| 9. *Father's Occupation* | Barber |
| 10. *Father's Birthplace,* | Laurel Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm H. Faddeman M.D. |
| *Address,* | #102 Chestnut Ave |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83462

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)*

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 / 97
4. *Place of Birth, (Street and Number)* 2103 E Fayett st
5. *Full Name of Mother,* Carrie Hess
6. *Mother's Maiden Name,* Carrie Levy
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Isaac Hess
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore city

*Name of Medical Attendant,* or other person who makes this Return, Thomas Sudler M.D

*Address,* 700 E Balto st

*Remarks,*

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register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83463

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 20 th.
4. Place of Birth, (Street and Number) Nr 41 S. Carey St.
5. Full Name of Mother, Lula Kelly.
6. Mother's Maiden Name, Kelly.
7. Mother's Birthplace, Balto City.
8. Full Name of Father, Irvin Kelly.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Edwin S. Edwards M.D.

Address, 721 Columbia Ave.

Remarks,

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83467

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20 – 1899
4. *Place of Birth, (Street and Number)* 407 Calvin ave.
5. *Full Name of Mother,* Dora L Bennett
6. *Mother's Maiden Name,* " " Sanders
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* William E. Bennett
9. *Father's Occupation* Attendant at State Asylum Catonsville
10. *Father's Birthplace,* Balto. Co. Md

*Name of Medical Attendant,* or other person who makes this Return, R. G. Rankin M.D.

*Address,* 811 Jefferson ave Waverly

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83465

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | June 20. 1897 |
| 4. *Place of Birth, (Street and Number)* | 151 John alley |
| 5. *Full Name of Mother,* | Louisa Murray |
| 6. *Mother's Maiden Name,* | " Trickley |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | Jarrett Murray |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | Pennsylvania |
| *Name of Medical Attendant,* or other person who makes this Return, | Jesse W. Layton M.D. |
| *Address,* | 127 West Lanvale St. |
| *Remarks,* | |

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# RETURN OF A BIRTH. 83466

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 20th June 1897 |
| 4. *Place of Birth, (Street and Number)* | 121 Riverside ave |
| 5. *Full Name of Mother,* | Barbia Elizabeth Druiller |
| 6. *Mother's Maiden Name,* | Barbia Elizabeth Att |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | George Joseph Druiller |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

shall, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 83467

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*Record of Vital Statistics in the City of Baltimore.*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| *1. Sex (state whether male or female),* | M. |
| *2. Race or Color (if not of the white race),* | W. |
| *3. Date of Birth,* | June 20 - 97 |
| *4. Place of Birth (Street and Number),* | 195 S. Central |
| *5. Full Name of Mother,* | Lottie Frey Leonardz |
| *6. Mother's Maiden Name,* | |
| *7. Mother's Birthplace,* | Russia. |
| *8. Full Name of Father,* | Harris Frey |
| *9. Father's Occupation,* | Blacksmith |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Myerberg Hospital M.D. |
| *Address,* | 1121 E. Baltimore. |
| *Remarks,* | |

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# RETURN OF A BIRTH. 83 468

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* June 28 1899

4. *Place of Birth, (Street and Number)* Lewis St.

5. *Full Name of Mother,* Florence Snowden

6. *Mother's Maiden Name,* Florence Snowden

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Murry

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Cordelia Jones

*Address,* 1013 W. Fayette St.

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83469

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 20th 1897
4. *Place of Birth, (Street and Number)* 325 Huntingdon ave
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* " Baumann
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Littleton Francis Johnson
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, Jas E. Gibbons M.D.

*Address,* 1102 W. Lafayette ave

*Remarks,*

8970004007

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83470

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 20th 1897
4. *Place of Birth, (Street and Number)* 826 Kerman Court
5. *Full Name of Mother,* Adalla [illegible] Dorsey
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Dorsey
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, W. Middleton M.D.

*Address,* Johns Hopkins Hospital, Baltimore, Md

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 7 0 0 0 4 0 0 8

# RETURN OF A BIRTH. 8347

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White-American
3. Date of Birth, June 20 1897
4. Place of Birth, (Street and Number) 15 E. Saratoga St.
5. Full Name of Mother, Alice Bond
6. Mother's Maiden Name, Alice Egan
7. Mother's Birthplace, Maryland
8. Full Name of Father, Mr Bond
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D.

Address, 115 W. Lombard

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004009

# RETURN OF A BIRTH. 83472

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 21, 1897
4. Place of Birth, (Street and Number) 819 Little Monument St.
5. Full Name of Mother, Hester Hilson
6. Mother's Maiden Name, Hester Cook
7. Mother's Birthplace, Gloucester County Va
8. Full Name of Father, Joseph Hilson
9. Father's Occupation Laborer
10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, F N Hall

Address, Md Gen Hospital

Remarks,

8970004010

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83473

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21st june
4. Place of Birth, (Street and Number) Baltimore 759 W. Baltimore St
5. Full Name of Mother, Hellena Doenges
6. Mother's Maiden Name, Hellena Hinke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. H. Doenges
9. Father's Occupation upholster
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, M A Lexington St

Address, 1004 W Lexington St

Remarks,

8970004011

Wm. C. Dulany Co., City Printers and Stationers.

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The Physician shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83474

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1897
4. Place of Birth, (Street and Number) 330 Calvert St.
5. Full Name of Mother, Bridget Delaney
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md.
8. Full Name of Father, Mr. Delaney
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, E. Baxter M.D.

Address, 115 W. Lombard

Remarks,

84700004012

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, shall furnish to the Commissioner a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83475

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June
4. *Place of Birth, (Street and Number)* 2241 E Biddle St
5. *Full Name of Mother,* Maggie Sipple
6. *Mother's Maiden Name,* Rose
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Charles Sipple
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* M. R. Illig

*Address,* 1302 E Lexington St

*Remarks,*

8970004013

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83476

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21/97
4. Place of Birth, (Street and Number) #2220 Cambrige St
5. Full Name of Mother, Mary Cesewiski
6. Mother's Maiden Name, Mary Linez
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Cesewiski.
9. Father's Occupation Labr
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, Full time

8970004014

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83477

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* IV

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 21st 1897
4. *Place of Birth, (Street and Number)* 822 E. Madison St
5. *Full Name of Mother,* Kate Wirbaugh
6. *Mother's Maiden Name,* Horman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno J. Wirbaugh
9. *Father's Occupation* Fisherman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. Mitchell Cabaniss M.D.

*Address,* Johns Hopkins Hospital Baltimore Md

*Remarks,*

8970004015

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83478

GIVEN NAME ADDED 7-25-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Oscar Carrington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, June 21st 1897

4. Place of Birth, (Street and Number) 1082 Trent Street

5. Full Name of Mother, Estella Carrington

6. Mother's Maiden Name, Estella Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Adolphus Carrington

9. Father's Occupation Laborer

10. Father's Birthplace, Demerara South America

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Trent Street

Remarks,

8 4 7 0 0 0 4 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the office of the Commissioner of Health. In case the birth of any child in third day of each and every month to the office or practioner or other person in charge of the case, in the form of a certificate between the first and shall occur without the attendance of a physicianer it shall become the duty of the person or parents of such immediately thereafter, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83479

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (~~state whether~~ male ~~or female.~~)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* June 21/87
4. *Place of Birth, (Street and Number)* 509 Hopkins Ave
5. *Full Name of Mother,* Katie Ellen Severe
6. *Mother's Maiden Name,* Katie E. Conner
7. *Mother's Birthplace,* Philadelphia Pa.
8. *Full Name of Father,* Wm. B. Severe
9. *Father's Occupation* Sailmaker
10. *Father's Birthplace,* Annapolis Md.

*Name of Medical Attendant, or other person who makes this Return* [illegible] Schultz M.D.

*Address,* 502 N. Bond St.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

8970004017

t of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236.]

# RETURN OF A BIRTH. 834A9

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | Color. |
| 3. *Date of Birth,* | June 21 1897. |
| 4. *Place of Birth, (Street and Number)* | 610 Stockton St. |
| 5. *Full Name of Mother,* | Susalear Wright. |
| 6. *Mother's Maiden Name,* | Brickson. |
| 7. *Mother's Birthplace,* | Balto Md. |
| 8. *Full Name of Father,* | James Wright. |
| 9. *Father's Occupation* | Laboring. |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Maggie Morton |
| *Address,* | 1121 Saratoga St |
| | Balto Md |
| *Remarks,* | Baby born Blind. |

8970004018

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83481

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th June 1897
4. *Place of Birth, (Street and Number)* 1260 Riverside ave
5. *Full Name of Mother,* Angela Kattie Muller
6. *Mother's Maiden Name,* Angela Kattie Hunt
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Jacob Casper Muller
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, E S Brookes

*Address,* 1828 Light St

*Remarks,* Damp Wall

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004019

ORM 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83482

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* June 21 1897.
4. *Place of Birth, (Street and Number)* 1374 Calhoun st
5. *Full Name of Mother,* Amanda Bowyer
6. *Mother's Maiden Name,* Barnett.
7. *Mother's Birthplace,* Anapolis Md.
8. *Full Name of Father,* John Bowyer.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Carbert Co Md.

*Name of Medical Attendant,* or other person who makes this Return, Jno Mary E Jones

*Address,* 1121 Saratoga St Balto Md

*Remarks,*

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970004020

# RETURN OF A BIRTH. 83483

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 21 st 1897 |
| 4. *Place of Birth, (Street and Number)* | 756 Columbia Ave |
| 5. *Full Name of Mother,* | Maggie Howard |
| 6. *Mother's Maiden Name,* | Maggie Howard |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Howard |
| 9. *Father's Occupation* | Rodder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return | Hellegonda Shifi |
| *Address,* | 734 St Peter St |
| *Remarks,* | |

8970004021

Wm. J. C. Dulany Co., City Printers and Stationers

RM 1336]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83484

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 21 — 1897
4. *Place of Birth, (Street and Number)* 339 S. Caroline St.
5. *Full Name of Mother,* Mary Bessel
6. *Mother's Maiden Name,* Kabel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Wensel Bessel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 427 E. Pratt St.

*Remarks,*

8970004022

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83485

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 21st 1897.
4. Place of Birth, (Street and Number) No 1134. Charles St.
5. Full Name of Mother, Sadie Cain
6. Mother's Maiden Name, Sadie Clark.
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Robert T. Cain
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Katherine Horning

Address, No 1517. Byrd St.

Remarks,

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Wm. J. C. Dulany Co,. City Printers and Stationers.

8970004023

KODAK SAFETY FILM

FORM 1236.]

# RETURN OF A BIRTH. 83-86

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 21
4. *Place of Birth, (Street and Number)* Spring St 12
5. *Full Name of Mother,* Jennie Eades
6. *Mother's Maiden Name,* Jennie Bane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Eades
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Louisiana

*Name of Medical Attendant,* or other person who makes this Return, Caroline Jones

*Address,* 815 Pallas St

*Remarks,* Done as well as could be expected

8970004024

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83487

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4½

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st of June 92.
4. Place of Birth, (Street and Number) 214 N. Henry St
5. Full Name of Mother, Mary Wells
6. Mother's Maiden Name, Mary Baum
7. Mother's Birthplace, Balto
8. Full Name of Father, John Wells
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 211 W Pratt St.

Remarks,

8470004025

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF BIRTH. 83408

GIVEN NAME ADDED 3-28-62

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Henry Dietz

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 June 1897
4. *Place of Birth, (Street and Number)* Keevan Street N. 917
5. *Full Name of Mother,* Annie Dietz
6. *Mother's Maiden Name,* Annie Fritz
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* C. Wm Dietz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germania

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bauge

*Address,* 714 N. Bond St

*Remarks,*

8470004025

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 8379

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 21 of June
4. *Place of Birth, (Street and Number)* 1613 Lanvale St
5. *Full Name of Mother,* Mary Bolden
6. *Mother's Maiden Name,* Mary Shuttford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tomas Bolden
9. *Father's Occupation* Gator
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary L Swann

*Address,* 1211 Lanvale St

*Remarks,*

8970004027

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83490

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4th 22 1897 |
| 4. *Place of Birth, (Street and Number)* | Fredrick Ave No 1919 |
| 5. *Full Name of Mother,* | Louisa E Brogan |
| 6. *Mother's Maiden Name,* | Louisa E Maley |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Benjamin F Brogan |
| 9. *Father's Occupation* | upholsterer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelley |
| *Address,* | No 1722 Wilkinson Ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

...legister of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83491

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of June
4. *Place of Birth, (Street and Number)* 141 Eutaw Place
5. *Full Name of Mother,* Susan Krusch
6. *Mother's Maiden Name,* Susan Knod
7. *Mother's Birthplace,* St Marys Co
8. *Full Name of Father,* Sidney Krusch
9. *Father's Occupation* Labor
10. *Father's Birthplace,* St Marys Co

*Name of Medical Attendant,* or other person who makes this Return, Mary J Swayne

*Address,* 1211 Eutaw St.

*Remarks,*

8970004029

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty. The persons who shall forward a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83492

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2 A.M. Wednesday June 22nd 1897

4. Place of Birth, (Street and Number) 1027 E. Shark St

5. Full Name of Mother, Mrs. John Edw. Thyen

6. Mother's Maiden Name, Miss. Carolina Ernstberger

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Edward Thyen

9. Father's Occupation Compositor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Catherine Arnold

Address, 800 Leadenhall St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004030

Health. This schedule shall contain a list of the births which have occurred under his or her ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any ... been conferred) its sex, color, the date and place of birth, and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83493

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore June 22 1897
4. Place of Birth, (Street and Number) 202 Christian Street
5. Full Name of Mother, Sarah Fryman
6. Mother's Maiden Name, Sarah Kahn
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Fryman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 102 N High Street

Remarks,

8970004031

Within the time above set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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ORM 1236.]

# RETURN OF A BIRTH. 83494

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth, 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22 1897
4. Place of Birth, (Street and Number) 505 Ensor St
5. Full Name of Mother, Leye Miller
6. Mother's Maiden Name, ~~Kaplan~~ Lasker
7. Mother's Birthplace, Russia Poland Black State
8. Full Name of Father, Max Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Russ. Poland

Name of Medical Attendant, or other person who makes this Return, H. Flinder

Address, 143 N. Front St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of The Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83495

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 and 7 |
| 1. *Sex, (state whether male or female)* | Male and Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 June 1897 |
| 4. *Place of Birth, (Street and Number)* | 1647 Barnet St. |
| 5. *Full Name of Mother,* | Annie Hajek |
| 6. *Mother's Maiden Name,* | Anie Machacek |
| 7. *Mother's Birthplace,* | Bohimen |
| 8. *Full Name of Father,* | Jan Hajek |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Bohimen |
| *Name of Medical Attendant,* or other person who makes this Return, | Luise Svatora |
| *Address,* | 1010 Durham St. |
| *Remarks,* | |

8970004033

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83496

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22d June 97 |
| 4. *Place of Birth, (Street and Number)* | 224 Knoxcourt |
| 5. *Full Name of Mother,* | Maggie Vollers |
| 6. *Mother's Maiden Name,* | " " Schaffer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Frederick W. Vollers |
| 9. *Father's Occupation,* | Painter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs. Kate A. Geiglein |
| *Address,* | No. 805 Vine st. |
| *Remarks,* | |

8970004034

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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[illegible] 1236]

# RETURN OF A BIRTH. 83497

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Naomi Ruth ~~Yingling~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) F.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 22 June 1897.
4. Place of Birth, (Street and Number) 1524 N. Mount St,
5. Full Name of Mother, Elizabeth D. Yingling,
6. Mother's Maiden Name, Foster,
7. Mother's Birthplace, Lancaster Co. Pa,
8. Full Name of Father, Forest L. Yingling,
9. Father's Occupation Salesman,
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, E. L. Eyler M. D.

Address, 1007 W. Lanvale St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

84700040035

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

# RETURN OF A BIRTH. 83498

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd
4. Place of Birth, (Street and Number) 838 Hillen St
5. Full Name of Mother, Mrs. Kate Geraghty
6. Mother's Maiden Name, Kate Harkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Timothy Geraghty
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor

Address, 41 Guilford Ave Baltimore City

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83499

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22 1887
4. Place of Birth, (Street and Number) Dalls Springs Harford Road near
5. Full Name of Mother, Laura Bonis
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Md
8. Full Name of Father, Sydney Bonis
9. Father's Occupation Mechanic
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, A Young Northern Dr

Address, 237 Gorsuch avenue

Remarks,

8970004037

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83557

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 22 — 1897
4. Place of Birth, (Street and Number) 409 Bank St.
5. Full Name of Mother, Janny Stackman
6. Mother's Maiden Name, Shore
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Stackman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8970004038

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83571

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Birth |
| 1. *Sex, (state whether male or female)* | Male and Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22th June 1897 |
| 4. *Place of Birth, (Street and Number)* | 1836 Light St |
| 5. *Full Name of Mother,* | Elizabeth Ellen Flannsley |
| 6. *Mother's Maiden Name,* | Elizabeth Ellen Clarity |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Edward T Flannsley |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Winchester Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | E L Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 83502

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 22 1897 |
| 4. *Place of Birth, (Street and Number)* | 1403 N. Fremont Ave |
| 5. *Full Name of Mother,* | Barbara E. Reier |
| 6. *Mother's Maiden Name,* | Kersh |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Paul Reier |
| 9. *Father's Occupation* | Hostler. |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas H. Burbert M.D. |
| *Address,* | 1928 Penna Ave |
| *Remarks,* | |

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register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236]

# RETURN OF A BIRTH. 83573

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 8 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 22nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 27 N Eden st |
| 5. *Full Name of Mother,* | Nettie M MacKenzy |
| 6. *Mother's Maiden Name,* | " Hall |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John MacKenzy |
| 9. *Father's Occupation* | Engineerer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | A. Ridgway André M.D. |
| *Address,* | 1123 E Balto. st |
| *Remarks,* | |

8970004041

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83504

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 22nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1613 Eutaw Place |
| 5. *Full Name of Mother,* | May Slagle |
| 6. *Mother's Maiden Name,* | May Russell |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | G. W. Slagle |
| 9. *Father's Occupation* | Soap Manufactur. |
| 10. *Father's Birthplace,* | Balt. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wilmer Bimbw, M.D. |
| *Address,* | S. W. Cr. Calvert & Preston Sts |
| *Remarks,* | |

8970004042

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83575

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 23rd June 1897 |
| 4. *Place of Birth, (Street and Number)* | 833 Westhall place |
| 5. *Full Name of Mother,* | Anna Locker |
| 6. *Mother's Maiden Name,* | Anna Metzler |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Henry Locker |
| 9. *Father's Occupation* | Balto & Ohio Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Brooks |
| *Address,* | 1528 Light St |
| *Remarks,* | Dang Well |

The Physician or Midwife shall report a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83506

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 June 1897
4. *Place of Birth, (Street and Number)* 1605 Patapsco St
5. *Full Name of Mother,* Mollie Vogel
6. *Mother's Maiden Name,* Mollie Dawson
7. *Mother's Birthplace,* Fredricks
8. *Full Name of Father,* Herman Vogel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, C A Brooks

*Address,* 1828 Light St

*Remarks,* Dying Well

Wm. J. C. Dulany Co., City Printers and Stationers.

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Boards of Health, Physicians, Midwives, Parents, Householders, Undertakers, Sextons, Clergymen, Coroners, Justices of the Peace, Constables, Police Officers, Keepers of Public Institutions, Lodging Houses, Hotels, Boarding Houses, Tenements, Factories, Workshops, Stores, Offices, Vessels, Railroads, Steamboats, Ferries, Bridges, Toll Gates, Cemeteries, Burial Grounds

1236.]

# RETURN OF A BIRTH. 83507

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 23d 1897
4. Place of Birth, (Street and Number) N. 921 Oregon St
5. Full Name of Mother, Alberta Redmiles
6. Mother's Maiden Name, Alberta Childs
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Brenton Redmiles
9. Father's Occupation Fireman on B. & P. Railroad
10. Father's Birthplace, Laurel, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Frederick Ave. annex

Remarks,

---

The above shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED - 10/18/68

# RETURN OF A BIRTH. 83508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GRACE ESTELLE SCHAEFER

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1 21 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 23 - 97 |
| 4. Place of Birth, (Street and Number) | 1010 W. Cross St. |
| 5. Full Name of Mother, | G. Estella Schaefer |
| 6. Mother's Maiden Name, | " Langley |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Chas. H. Schaefer |
| 9. Father's Occupation | Druggist |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | C. L. Buddenbohn |
| Address, | 418 S. Paca St. |
| Remarks, | |

8970004046

register of such birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83509

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 23, 1894.
4. *Place of Birth, (Street and Number)* 2 Railroad ave.
5. *Full Name of Mother,* Margaret-Jane Riley.
6. *Mother's Maiden Name,* Mullen.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charley D. Riley.
9. *Father's Occupation* Telegraph Operator.
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Chas. H. Mitchell M.D.

*Address,* 291 Chestnut ave.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

Rule 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83570

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 23 - 97
4. Place of Birth, (Street and Number) 1606 St Joseph St
5. Full Name of Mother, Mary N. Townsend
6. Mother's Maiden Name, " " Clarke
7. Mother's Birthplace, N. J
8. Full Name of Father, Walter H. Townsend
9. Father's Occupation Carpenter
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8 9 7 0 0 0 4 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The name of the Child can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 8351/1

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, June 23 1897
4. Place of Birth (Street and Number), 1802 N. Chapman ave
5. Full Name of Mother, Caroline Heisel Raabe
6. Mother's Maiden Name, Caroline Heisel
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles R Raabe
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. W. D. Thomas M.D.

Address, 61 Carroll Av

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been concealed, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

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# RETURN OF A BIRTH. 83572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of June
4. Place of Birth, (Street and Number) 2406 Forster Ave.
5. Full Name of Mother, Barbara Klingenhöfer
6. Mother's Maiden Name, = Friedrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Klingenhöfer
9. Father's Occupation Schumaker
10. Father's Birthplace, Hessen. Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss Bebnken

Address, 213 Port St.

Remarks,

8970004050

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 4-19-56

# RETURN OF A BIRTH 83573

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jessie Lenora Cronhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, June 23d 1897
4. Place of Birth, (Street and Number) 1500 N Broadway
5. Full Name of Mother, Mary Newman Cronhardt
6. Mother's Maiden Name, " Wilson
7. Mother's Birthplace, Old Point Comfort Va
8. Full Name of Father, John Henry Cronhardt
9. Father's Occupation, Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, A. G. Downes M.D.

Address, 607 Harlem St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83514

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 24 - 97

4. Place of Birth, (Street and Number) 1726 Hanford ave

5. Full Name of Mother, Francis M. Mayo

6. Mother's Maiden Name, " " Smith

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Mayo

9. Father's Occupation Oyster Packer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8970004052

Wm. J. C. Dulany Co., City Printers and Stationers.

...the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83515

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Oscar Peerman

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 nd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 24th of January |
| 4. Place of Birth, (Street and Number) | 2232 Wilkins Ave |
| 5. Full Name of Mother, | Bere Berman |
| 6. Mother's Maiden Name, | Bese Edelstein |
| 7. Mother's Birthplace, | Pole |
| 8. Full Name of Father, | May Berman |
| 9. Father's Occupation | Tayler |
| 10. Father's Birthplace, | Pole |
| Name of Medical Attendant, or other person who makes this Return, | Friederike Keules midwife |
| Address, | 216 W Pratt St |
| Remarks, | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83516

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 June 1899
4. Place of Birth, (Street and Number) 343 E. 21st St
5. Full Name of Mother, Mary Healy
6. Mother's Maiden Name, " Parkhurst
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Saml. Healy
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Houghton Barclay M.D.

Address,

Remarks, Normal

8970004054

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 24 97
4. *Place of Birth, (Street and Number)* 1136 N Edmondson Ave
5. *Full Name of Mother,* Mabel Agnes Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alfred Agnew
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1600 Madison St

*Remarks,*

8970004055

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th June
4. Place of Birth, (Street and Number) 1307 Dallas st
5. Full Name of Mother, Maggie Dittman
6. Mother's Maiden Name, Mayl Link
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Nicklas Dittman
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Lester st

Remarks,

B 4 7 0 0 0 4 0 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Months to be stated in full. The name can be ascertained, the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83520

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24. 1897 |
| 4. *Place of Birth, (Street and Number)* | 619 N. Calvert |
| 5. *Full Name of Mother,* | Ella Farber |
| 6. *Mother's Maiden Name,* | Ella Maran |
| 7. *Mother's Birthplace,* | Balt. Md |
| 8. *Full Name of Father,* | John H. Farber |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Bavaria |
| *Name of Medical Attendant,* or other person who makes this Return. | Thos B Latimer |
| *Address,* | 211 N Monument |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 4 0 5 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[illegible] 1236]

GIVEN NAME ADDED 3-22-52

# RETURN OF A BIRTH. 83521

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Betka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24/97
4. Place of Birth, (Street and Number) # 607 South Wolfe St
5. Full Name of Mother, Agnes Betka
6. Mother's Maiden Name, = Pichalashowska
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Betka.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Maria Berger.

Address, # 721 South Ann St

Remarks,

8970004058

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 83522

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 th. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 24 June 1899. |
| 4. *Place of Birth, (Street and Number)* | 213 O Steiper st. |
| 5. *Full Name of Mother,* | Anna Falkenberg. |
| 6. *Mother's Maiden Name,* | Haase. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Elias Falkenberg. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs R Siemann |
| *Address,* | 2422 ~~Elliott~~ Elliott st. |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970004059

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83523

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 24 1897
4. Place of Birth, (Street and Number) 311 Tyson St.
5. Full Name of Mother, Florence allen
6. Mother's Maiden Name, Florence allen
7. Mother's Birthplace, King George Co Va
8. Full Name of Father, Alexander Ferguson
9. Father's Occupation Waiter
10. Father's Birthplace, St Louis Mo

Name of Medical Attendant, or other person who makes this Return, Dr Todd

Address, Md. Genl. Hosp.

Remarks,

8 9 7 0 0 0 4 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or person other than a physician or practitioner of midwifery, who shall attend upon any case of birth which shall occur within the limits of Baltimore City, shall, within ten days after the occurrence of such birth, make a return thereof to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form prescribed by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83524

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24/97
4. Place of Birth, (Street and Number) #2014 Canton Ave
5. Full Name of Mother, Teenie Skrucha
6. Mother's Maiden Name, Dont know
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Skrucha
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal

Address, #1710 Alice Anna St

Remarks, Full Time

8970004061

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attending shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-3-52

# RETURN OF A BIRTH. 83525

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C[ity]

Name: John E. Conn

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 24th 1877

4. Place of Birth, (Street and Number) 1309 Druid H[ill]

5. Full Name of Mother, Fanny S. Conn

6. Mother's Maiden Name, Fanny F. Filler

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John E. Conn

9. Father's Occupation, Mechanist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1301 N. Co[llege]

Remarks,

8970004062

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall happen, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practitioner, immediately thereafter it shall be the duty of each and every mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-21-57

# RETURN OF A BIRTH. 83526

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Ferdinand Hubbard

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24th 1887
4. Place of Birth, (Street and Number) 111 314 N. Eden St.
5. Full Name of Mother, Ida M. E. Hubbard
6. Mother's Maiden Name, Ida M. E. Stallings
7. Mother's Birthplace, Talbot Co. Md.
8. Full Name of Father, William F. Hubbard
9. Father's Occupation, Carpenter
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, H. G. Statton

Address, 1501 N. Central Ave

Remarks,

8970004063

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83527

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | White Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24th 1897 |
| 4. *Place of Birth, (Street and Number)* | 528 N Collington Ave |
| 5. *Full Name of Mother,* | Cary Myers |
| 6. *Mother's Maiden Name,* | Stoffelt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Albert Stoffelt |
| 9. *Father's Occupation* | Tinner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Brown, Midwife |
| *Address,* | 1922 East Fayette Street |
| *Remarks,* | |

8970004064

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 83528

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Male ✓ |
| 2. Race or Color, (if not of the white race) | White ✓ |
| 3. Date of Birth, | June ~~6 25~~ 97 June 25 ✓ |
| 4. Place of Birth, (Street and Number) | 1203½ E. Eutaw Street Balto. |
| 5. Full Name of Mother, | Sarah Jane Bees ✓ |
| 6. Mother's Maiden Name, | " " " Donlin ✓ |
| 7. Mother's Birthplace, | Talbot County ✓ |
| 8. Full Name of Father, | John Frederick Bees ✓ |
| 9. Father's Occupation | Railroad Watchman ✓ |
| 10. Father's Birthplace, | Baltimore Md ✓ |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Benge |
| Address, | 711 N. Gross st. |
| Remarks, | Full name of child added by father when applying for a |

Transcript Apr. 16 '97. E. E. Wehn — Birth Indx. Clerk

John Frederick Bees Jr

8 4 4 0 0 0 4 0 6 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83529

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4. |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 25 June |
| 4. Place of Birth, (Street and Number) | 1351 Garrey Ave. |
| 5. Full Name of Mother, | Rosa Leinenweber |
| 6. Mother's Maiden Name, | Burger |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | John Leinenweber |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | E. H. J. Wagner. |
| Address, | 1331 Hunt Av. |
| Remarks, | |

8470084066

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83530

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25
4. Place of Birth, (Street and Number) 410 Fairmount Ave
5. Full Name of Mother, Mary Viola Bowers
6. Mother's Maiden Name, Viola Dobbins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Adam Bowers
9. Father's Occupation Milk business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Pressey

Address, 2847 Lawall st

Remarks,

8 9 7 0 0 0 4 0 6 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FM 1236]

# RETURN OF A BIRTH. 83531

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4 th |
| 1. Sex, (state whether ~~male~~ or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 25/97 |
| 4. Place of Birth, (Street and Number) | # 706 South Wolfe St |
| 5. Full Name of Mother, | Rosa Chajanska |
| 6. Mother's Maiden Name, | Ruchlewska |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Frank Chajanski |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | Maria Berger |
| Address, | # 721 South Ann St |
| Remarks, | |

8970004068

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83532.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25th 97
4. Place of Birth, (Street and Number) 729 Hanover St
5. Full Name of Mother, Elizabeth Hensel
6. Mother's Maiden Name, Ulrich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hensel
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William Koch M.D.

Address, 1304 W. Lafayette Ave.

Remarks,

8970004069

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83533

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 25th 1897 |
| 4. *Place of Birth, (Street and Number)* | 29 E Randall St |
| 5. *Full Name of Mother,* | amelia Funk |
| 6. *Mother's Maiden Name,* | amelia yeager |
| 7. *Mother's Birthplace,* | Balto Co |
| 8. *Full Name of Father,* | Henry Funk |
| 9. *Father's Occupation* | Grocer |
| 10. *Father's Birthplace,* | Balto Co |
| *Name of Medical Attendant,* or other person who makes this Return, | E L Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Dairy Well |

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004070

# RETURN OF A BIRTH. 83536

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25 97
4. Place of Birth, (Street and Number) 104 Roseland Ave
5. Full Name of Mother, Ellen Gertrude Lyle Cunningham
6. Mother's Maiden Name, " " " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ebenezer Lyle
9. Father's Occupation, Fireman, Balto City Fire Dept
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Margaret A Lambert

Address, 2 Cross St

Remarks, mother & baby & well

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83575

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 25th 1897

4. Place of Birth, (Street and Number) 228 Caulas Ave

5. Full Name of Mother, Barbara Magengast

6. Mother's Maiden Name, Barbara Allendorfer

7. Mother's Birthplace, Germany

8. Full Name of Father, John Magengast

9. Father's Occupation Brewer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Cassidy

Address, 3225 Bank St City

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004072

# RETURN OF A BIRTH. 83536

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 25 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1632 Hanover St. |
| 5. *Full Name of Mother,* | Lizzie Schneider |
| 6. *Mother's Maiden Name,* | Hammann |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Wm. Schneider |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | C. L. Brandenburg |
| *Address,* | 418 S. Paca St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83537

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| *1. Sex (state whether male or female),* | Female |
| *2. Race or Color (if not of the white race),* | White |
| *3. Date of Birth,* | June 25. 1897. |
| *4. Place of Birth (Street and Number),* | bet 1 & Lombard |
| *5. Full Name of Mother,* | Rieka Feiga Rekowitz |
| *6. Mother's Maiden Name,* | |
| *7. Mother's Birthplace,* | Austria |
| *8. Full Name of Father,* | Samuel Feiga |
| *9. Father's Occupation,* | Tailor |
| *10. Father's Birthplace,* | Austria |
| *Name of Medical Attendant,* or other person who makes this Return. | Dr. Wm. Hoef |
| *Address,* | 945 N. Payette st |
| *Remarks,* | |

The Baltimore Publishing Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* June 25 - 47
4. *Place of Birth, (Street and Number)* 608 Holloway St
5. *Full Name of Mother,* Emma Bowen Tillman
6. *Mother's Maiden Name,* Emma Bowen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Phillip Tillman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ohio

*Name of Medical Attendant,* or other person who makes this Return, R. W. Mifflin

*Address,* 402 College

*Remarks,*

8470004075

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—For neglect to make return of any birth which may have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 835-39

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of June
4. Place of Birth, (Street and Number) 924 Canton St
5. Full Name of Mother, Maggie Lee Sutland
6. Mother's Maiden Name, Maggie Kelner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kelner
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J. Swayne

Address, 924 Canton St

Remarks,

8970004076

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-16-55

# RETURN OF A BIRTH. 83540

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| | Alice Jeanette Ford |
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | JUNE [redacted] 25, 97 1897 |
| 4. *Place of Birth, (Street and Number)* | 719 Ann St |
| 5. *Full Name of Mother,* | Worth Ford |
| 6. *Mother's Maiden Name,* | Robinson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Ford |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | St Mary's Co. |
| *Name of Medical Attendant,* or other person who makes this Return. | J. B. Joyce M.D. |
| *Address,* | 2520 W. Baltimore St |
| *Remarks,* | |

**Extract Regulations of the [illegible] Record of Vital Statistics in the City of Baltimore.**

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83541

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 June,
4. Place of Birth, (Street and Number) 24 Jenkins Lane
5. Full Name of Mother, Mary Hilda Schmidt
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hilbert
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs D Illig

Address, 1302 E Lexington St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004078

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83542

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 25/97
4. Place of Birth, (Street and Number) #412 South Bond St
5. Full Name of Mother, Minnika Pucz
6. Mother's Maiden Name, not Know
7. Mother's Birthplace, Germany
8. Full Name of Father, Stanislaus Pucz
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Annie Grochmal.

Address, #1710 Alice Anna St

Remarks, Full Time

8970004079

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336.]

# RETURN OF A BIRTH. 83543

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. |
| 1. *Sex, (state whether male or female)* | Boy. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 26. June. |
| 4. *Place of Birth, (Street and Number)* | 16. N. Wolfe. Str. |
| 5. *Full Name of Mother,* | Anna Link. |
| 6. *Mother's Maiden Name,* | Anna Schmidt. |
| 7. *Mother's Birthplace,* | Garmania. |
| 8. *Full Name of Father,* | Edwart Link. |
| 9. *Father's Occupation* | Bisnesman. |
| 10. *Father's Birthplace,* | Garmany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary K Pass. |
| *Address,* | N. 9. N. Wolfe. Str. |
| *Remarks,* | |

1 8 9 7 0 0 0 4 0 8 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83574

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 26th 1897.
4. *Place of Birth, (Street and Number)* Balt Gen Med Dept.
5. *Full Name of Mother,* Mary Smith.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Fredk Bithart.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace,* Not known.

*Name of Medical Attendant, or other person who makes this Return,* Henry J. Hincks M.D.

*Address,* Balt Gen Hosp

*Remarks,*

8970004081

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, the attending shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8.35-45

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th 1897
4. *Place of Birth, (Street and Number)* Baltimore 931 Columbia Ave
5. *Full Name of Mother,* Corrida Theresa Laurence
6. *Mother's Maiden Name,* Corrida Theresa Connelly
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Edward Laurence
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Fort Deposit Cecil Co Md

*Name of Medical Attendant, or other person who makes this Return,* M A Ledley

*Address,* 1004 W Lexington St.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

# RETURN OF A BIRTH. 83576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 26 '97
4. Place of Birth, (Street and Number) 6½ N. Bethel St
5. Full Name of Mother, Josephine Chester
6. Mother's Maiden Name, Dubois
7. Mother's Birthplace, Balto, Md
8. Full Name of Father, Jeremiah Chester
9. Father's Occupation Insurance agent
10. Father's Birthplace, Balto Md
11. Name of Medical Attendant, or other person who makes this Return, Caroline Hall
    Address, 1606 Walker St
    Remarks,

8970004083

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1 and 2 of Chapter 8 of the Acts of 1898 provides that the Physician or Midwife in attendance upon any case of birth shall report the same to the Registrar of Vital Statistics within ten days after the birth occurs, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83547

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 26 1891 1131 Edgar alley
4. *Place of Birth, (Street and Number)* 1131 Edgar alley
5. *Full Name of Mother,* Elizabeth Frost
6. *Mother's Maiden Name,* Elizabeth Kenny
7. *Mother's Birthplace,* Walker County
8. *Full Name of Father,* William Kenny
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other person who makes this Return, Abridar Brooks

*Address,* 1122 Warner Street

*Remarks,* Mother will can keep

8970004084

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83548

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June the 26 th 1897 |
| 4. *Place of Birth, (Street and Number)* | Frederick Ave № 1919 |
| 5. *Full Name of Mother,* | annie M Watts |
| 6. *Mother's Maiden Name,* | annie M hodges |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William M watts |
| 9. *Father's Occupation* | Stove molder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs D Kelley |
| *Address,* | № 1922 Wilkins Ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

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# RETURN OF A BIRTH. 83579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Ninth |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | June 26-97 |
| 4. Place of Birth, (Street and Number) | 1320 Homewood Ave |
| 5. Full Name of Mother, | Catherine O. Ellis |
| 6. Mother's Maiden Name, | " " Adams |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | John H. Ellis |
| 9. Father's Occupation | Clerk |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary A. Allwell |
| Address, | 1438 N Bond St |
| Remarks, | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004086

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83550

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. ~~*Date*~~ *of Birth,* Place | 215 N. Mount |
| 4. ~~*Place*~~ *of Birth, (Street and Number)* Date | June 26 1896 |
| 5. *Full Name of Mother,* | Anna Louisa Grisinger |
| 6. *Mother's Maiden Name,* | Anna Louisa Stouts |
| 7. *Mother's Birthplace,* | Wellsville Pa |
| 8. *Full Name of Father,* | John M. Grisinger |
| 9. *Father's Occupation* | Shoe maker |
| 10. *Father's Birthplace,* | Mt. Pleasant Pa |
| *Name of Medical Attendant,* or other person who makes this Return, | G. W. Slaker M.D. |
| *Address,* | 1634 W. Fayette St |
| *Remarks,* | |

8970004087

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

# RETURN OF A BIRTH. 83551

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 Child |
| 1. *Sex, (state whether male or female)* | White Race Boy |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | Born June 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | # 28 Hollins St. |
| 5. *Full Name of Mother,* | Mrs. Mary Hottenbach |
| 6. *Mother's Maiden Name,* | Miss. " Weil |
| 7. *Mother's Birthplace,* | Balto City |
| 8. *Full Name of Father,* | Henry Hottenbach |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Hessen Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Hiller |
| *Address,* | # 2008 N. Henry St |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970006408 8

# RETURN OF A BIRTH. 83552

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26. 1897
4. Place of Birth, (Street and Number) 1821. Hanover. St
5. Full Name of Mother, Emma. C. Smith
6. Mother's Maiden Name, Emma. C. Hatfield
7. Mother's Birthplace, Carrol county. md
8. Full Name of Father, Andrew. A. Smith
9. Father's Occupation Railroader.
10. Father's Birthplace, Frederick county. md

Name of Medical Attendant, or other person who makes this Return. Clemmora. a. anderson

Address, 1434. Patapsco. St

Remarks, 8970004089

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83553

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth June 26th 1897.
4. Place of Birth, (Street and Number) 735 Little George St.
5. Full Name of Mother, Ida Fort
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, (Unknown).
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return. M. E. Wales.

Address, 1011 Madison ave.

Remarks,

8970004090

Any Physician who shall neglect to furnish a schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83554

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 26th
4. *Place of Birth, (Street and Number)* 1705½ Hanover St.
5. *Full Name of Mother,* Lillie Graham
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Graham
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, J. Mac F. Dick M. D.

*Address,* 1305 E. North ave.

*Remarks,* 8770004091

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83555

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 27th 1897
4. Place of Birth, (Street and Number) 305 Penfalcon st
5. Full Name of Mother, Carrie Sanders
6. Mother's Maiden Name, Carrie Townsend
7. Mother's Birthplace, Maryland
8. Full Name of Father, Albert Sanders
9. Father's Occupation Mail Carrier
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, A B Blanchard M D

Address, Mt Auburn ave & Lombard.

Remarks, 8970004092

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 83556

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 of June
4. *Place of Birth, (Street and Number)* 2412 Hudson St
5. *Full Name of Mother,* Annie Reynolds
6. *Mother's Maiden Name,* Annie Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Reynolds
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary L Swayne

*Address,* 824 Lanton St

*Remarks,*

8970004093

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 83557

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 27, 1894.
4. Place of Birth, (Street and Number) 22 Woodbury ave.
5. Full Name of Mother, Mary Elizabeth Alban.
6. Mother's Maiden Name, Haines.
7. Mother's Birthplace, Md.
8. Full Name of Father, George Robert Alban.
9. Father's Occupation Huckster.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Nitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970004094

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83558

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 of June
4. *Place of Birth, (Street and Number)* 2821 Lillian St.
5. *Full Name of Mother,* Irene Smith
6. *Mother's Maiden Name,* Irene Schmeiser
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary J. Lovejoy

*Address,* 821 Easton St.

*Remarks,* 8970004095

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83-57

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Blk |
| 3. *Date of Birth,* | June 27 1897 |
| 4. *Place of Birth, (Street and Number)* | 9 1st H |
| 5. *Full Name of Mother,* | Sylvia Porter |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | James Robinson |
| 9. *Father's Occupation* | ? |
| 10. *Father's Birthplace,* | ? |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M.D. |
| *Address,* | The Johns Hopkins Hospital |
| *Remarks,* | |

8970004096

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83560

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 June
4. Place of Birth, (Street and Number) 1414 Towson st
5. Full Name of Mother, Augusta Voss
6. Mother's Maiden Name, " Raddatz
7. Mother's Birthplace, Germany
8. Full Name of Father, August Voss
9. Father's Occupation Laboa.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Asst. Wagner.

Address, 1331 Hill st.

Remarks, 8970004097

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the peison or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83561

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 27/97
4. *Place of Birth, (Street and Number)* 918 S. Sharp st
5. *Full Name of Mother,* Annie May Pumphrey
6. *Mother's Maiden Name,* Annie May Brady
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* Clarence E. Pumphrey
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto city

*Name of Medical Attendant,* or other person who makes this Return, E. Michaux M.D.

*Address,* 411 S. Sharp st

*Remarks,*

8970004098

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83562

GIVEN NAME ADDED 4/25/16

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Myrtle Cooper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 27th 1916
4. Place of Birth, (Street and Number) 1622 Mulliken st
5. Full Name of Mother, Jane Cooper
6. Mother's Maiden Name, Dickson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Cooper
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Dabney M.D.

Address, Johns Hopkins Hospital Baltimore, Md.

Remarks,

8970004099

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83563

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 24 [illegible] |
| 4. *Place of Birth, (Street and Number)* | 99 [illegible] |
| 5. *Full Name of Mother,* | [illegible] |
| 6. *Mother's Maiden Name,* | [illegible] |
| 7. *Mother's Birthplace,* | Baltimore [illegible] |
| 8. *Full Name of Father,* | [illegible] |
| 9. *Father's Occupation* | [illegible] |
| 10. *Father's Birthplace,* | Baltimore [illegible] |
| *Name of Medical Attendant,* or other person who makes this Return, | |
| *Address,* | |
| *Remarks,* | Martha [illegible] 0 0 5 4 7 5 0 0 Hickory ave [illegible] |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

[1236.]

# RETURN OF A BIRTH. 83564

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 June
4. *Place of Birth, (Street and Number)* 600 Constitution Ave
5. *Full Name of Mother,* Minnie McKenney
6. *Mother's Maiden Name,* Minnie ~~Andreis~~ Andreis
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William McKenney
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs. A Britt Midwife.

*Address,* 1417 E. Eager St.

*Remarks,*

8970004101

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83565

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* VIII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* Jan 28th 1897
4. *Place of Birth, (Street and Number)* 623 N. Dallas St
5. *Full Name of Mother,* Susan Ellis
6. *Mother's Maiden Name,* Wilkins
7. *Mother's Birthplace,* Queen Annes County, Md.
8. *Full Name of Father,* George Ellis
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace,* Dorchester Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Dabney Md.

*Address,* Johns Hopkins Hospital, Baltimore Md.

*Remarks,*

8970004102

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The returns shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* June 28th 1897
4. *Place of Birth, (Street and Number)* 205 Patrick Alley
5. *Full Name of Mother,* Edna Scott
6. *Mother's Maiden Name,* Edna Scott
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other person who makes this Return, E. Bayata M.D.

*Address,* 115 N. Eutaw

*Remarks,* Child illegitimate

8970004103

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83567

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th 1897
4. *Place of Birth, (Street and Number)* 406 N. Wolfe St
5. *Full Name of Mother,* Emma Adams
6. *Mother's Maiden Name,* Donarle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Adams
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. McDaboy M.D.

*Address,* Johns Hopkins Hospital. Baltimore. Md.

*Remarks,*

8970004104

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83.538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | N. |
| 3. *Date of Birth,* | June 28 '83 |
| 4. *Place of Birth, (Street and Number)* | 1913 Nat. Royal Hill |
| 5. *Full Name of Mother,* | Liddy Company. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Wm. Lusher. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd. |
| *Address,* | Md. Genl. Hosp. |
| *Remarks,* | 8970004105 |

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# RETURN OF A BIRTH 83579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 28th June 97 |
| 4. *Place of Birth, (Street and Number)* | 311 N. Green st. |
| 5. *Full Name of Mother,* | Pauline Mast |
| 6. *Mother's Maiden Name,* | " " Ferciot |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Albert Mast |
| 9. *Father's Occupation,* | Blacksmith |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs. Kate A. Giglein |
| *Address,* | 805 Vine st. |
| *Remarks,* | 8970004106 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 83570

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* I

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* June 28-97
4. *Place of Birth, (Street and Number)* 1000 Wilhelm St. Balto. Md.
5. *Full Name of Mother,* Margaret C. M. Hines
6. *Mother's Maiden Name,* Mincel
7. *Mother's Birthplace,* Balto Co. Md.
8. *Full Name of Father,* Edgar Hines
9. *Father's Occupation,* miller
10. *Father's Birthplace,* Balto Co. Md.

*Name of Medical Attendant,* or other person who makes this Return. Wm Funck MD

*Address,* DR. J. WM. FUNCK, 101 N. FULTON AVENUE, BALTIMORE

*Remarks,*

8970004107

child to report its birth to the Commissioner of Health, ... any such person or persons who shall hereafter fail to com... jected to the fine of ten (10) dollars for each offence, to be rec... to comply with the provisions of this section shall be sub... o be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83571

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 28. June |
| 4. *Place of Birth, (Street and Number)* | 1407 Cross st. |
| 5. *Full Name of Mother,* | Augusta Sihmalz |
| 6. *Mother's Maiden Name,* | " Ottilia |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Robert Sihmalz |
| 9. *Father's Occupation* | Labor, |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Mayer |
| *Address,* | |
| *Remarks,* | |

8970004108

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/ir

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24
4. Place of Birth, (Street and Number) 818 Calverton road
5. Full Name of Mother, Louisa Rosell Casey
6. Mother's Maiden Name, Louisa Rosell Knapp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Washington Irven Casey
9. Father's Occupation Grocery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Teagay

Address, 2817 Lauretale St

Remarks,

8970004109

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83573

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 28 th 1897
4. Place of Birth, (Street and Number) No. 615 Fredrick Ave
5. Full Name of Mother, Ella E Sieck
6. Mother's Maiden Name, Ella E Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam F Sieck
9. Father's Occupation Paper Box-cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No. 512 Fredrick Ave annex

Remarks, 8970004110

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

# RETURN OF A BIRTH. 83574

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 28/97 |
| 4. *Place of Birth, (Street and Number)* | # 1628 Thames St |
| 5. *Full Name of Mother,* | Kattie Kowalewski. |
| 6. *Mother's Maiden Name,* = | Koteras. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Kowalewski. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Marie Berger. |
| *Address,* | # 721 South Ann St |
| *Remarks,* | 8970004111 |

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FORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83575

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* 20 of June
4. *Place of Birth, (Street and Number)* 2519 Fait ave
5. *Full Name of Mother,* Emmie Lisbrude
6. *Mother's Maiden Name,* Emmie Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Lisbrude
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary I. Swayne

*Address,* 894 Canton Ave

*Remarks,*

8970004112

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# RETURN OF A BIRTH. 83576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 28. Th. 1897
4. Place of Birth, (Street and Number) 70 Belair Ave.
5. Full Name of Mother, Wilhelmine Dohrmann
6. Mother's Maiden Name, Bahr
7. Mother's Birthplace, Germany
8. Full Name of Father, Gerhard Dohrmann
9. Father's Occupation, Labora
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane

Remarks, 8 9 7 0 0 0 4 1 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83577

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June the 28th 1897 |
| 4. *Place of Birth, (Street and Number)* | Payson St No 1004 |
| 5. *Full Name of Mother,* | Virginia Fairbanks |
| 6. *Mother's Maiden Name,* | Virginia Leban |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Fairbanks |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs S Kelly |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | 8970004114 |

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name, age and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child month

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# RETURN OF A BIRTH. 83578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second (2)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 6th Sept

4. Place of Birth, (Street and Number) 1737 W Franklin

5. Full Name of Mother, Mary V. Faull

6. Mother's Maiden Name, Mary V. Coleman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas A. Faull

9. Father's Occupation Contractor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Baugh

Address, 711 N Grove St

Remarks, 8970004115

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

# RETURN OF A BIRTH. 83579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28th of June
4. Place of Birth, (Street and Number) 1011 Paulina ave St
5. Full Name of Mother, Mary Mc Honer
6. Mother's Maiden Name, Mary Foley
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Mc Honer
9. Father's Occupation Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Eastan Sc

Remarks, 8970004116

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83580

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1897
4. Place of Birth, (Street and Number) 512 Jefferson Street
5. Full Name of Mother, Annie W. Lindenberger
6. Mother's Maiden Name, Annie V. Rebbal
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H Lindenberger
9. Father's Occupation Clothing Trimmer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this return James E. Whitford M.D.

Address, 819 Virginia Street

Remarks, 8970004117

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# RETURN OF A BIRTH. 83581

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Name Anna Maria Cantz
3. Sex, (state whether male or female) Girl
4. Race or Color, (if not of the white race) White
5. Date of Birth, June 29 1911
6. Place of Birth, (Street and Number) Alliciana Ste.
7. Full Name of Mother, Annie (Majority) Cantz
8. Mother's Maiden Name, Rusi Kuss
9. Mother's Birthplace, Baltimore
10. Full Name of Father, Fred. (Majority) Cantz
11. Father's Occupation Bakery
12. Father's Birthplace, Baltimore
13. Name of Medical Attendant, or other person who makes this Return, Mary Brett
14. Address, 838 S Bond Ste. Balto. Md.
15. Remarks, 8970004118 City

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83582

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. Sex, (state whether male or female) .....
2. Race or Color, (if not of the white race) .....
3. Date of Birth, June 29th
4. Place of Birth, (Street and Number) 1931 Harlem Ave
5. Full Name of Mother, Alice A. Hunt
6. Mother's Maiden Name, " " Albaugh
7. Mother's Birthplace, Balto City
8. Full Name of Father, Arthur Hunt
9. Father's Occupation Book Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Louis G. Finch

Address, 649 N Lafayette Ave

Remarks, 8970004119

Penalty. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83583

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 29/97.
4. *Place of Birth, (Street and Number)* 102 E. Madison St.
5. *Full Name of Mother,* Annie A Renehan.
6. *Mother's Maiden Name,* Kniz.
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* John F. Renehan.
9. *Father's Occupation,* Penman at Spring Grove asylum.
10. *Father's Birthplace,* Howard Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, R. H. Goldsmith M.D.

*Address,* Harlem av. & Calhoun st

*Remarks,* 1 8 9 7 0 0 0 4 1 2 0

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# RETURN OF A BIRTH. 83584

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 29 - 1897 |
| 4. *Place of Birth, (Street and Number)* | Garrison |
| 5. *Full Name of Mother,* | Catherine Hanna |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | Patrick Hanna |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | Edwin K. Ballard M.D. |
| *Address,* | |
| *Remarks,* | |

8970004121

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83585

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* X

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 29th 1897
4. *Place of Birth, (Street and Number)* 2186 McElderry St
5. *Full Name of Mother,* Josephine Johnson
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. W. Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mitchell Dabney M.D.

*Address,* Johns Hopkins Hospital Baltimore, Md.

*Remarks,*

8970004122

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# RETURN OF A BIRTH. 83586

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, June 29th 1897
4. Place of Birth, (Street and Number) 433 McKim St.
5. Full Name of Mother, Susie Bozatt
6. Mother's Maiden Name, Susie Bozatt
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D.

Address, 115 W. Lombard St.

Remarks, Illegitimate

8 9 7 0 0 0 4 1 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83587

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th June 97
4. *Place of Birth, (Street and Number)* 550 E. Fort Ave
5. *Full Name of Mother,* Sallie Balander
6. *Mother's Maiden Name,* " Gessuein
7. *Mother's Birthplace,* Carroll Co
8. *Full Name of Father,* Geo Balander
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return Mrs. E. Jewell

*Address,* 600 E. Fort Ave

*Remarks,*

8970004124

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83588

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th 1897
4. Place of Birth, (Street and Number) 1838 E. Madison St
5. Full Name of Mother, Bertha A. Bonsal
6. Mother's Maiden Name, " Franke
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. W. Bonsal
9. Father's Occupation Store keeper
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Frank Dabney M.D.
- Address, Johns Hopkins Hospital, Baltimore, Md.
- Remarks, 8970004125

The Registrar of Vital Statistics will furnish a blank form for the return which must be received under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83589

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29/97
4. Place of Birth, (Street and Number) #1807 Lancaster St
5. Full Name of Mother, Sophia Zamenski.
6. Mother's Maiden Name, dont Know
7. Mother's Birthplace, Germany
8. Full Name of Father, Marzwon Zamenski.
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Amil Grochmal.

Address, #1710 Alice Anna St

Remarks, 8 Full Time

8 / 0 0 0 4 1 2 6

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Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83590

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 29. 1897. |
| 4. *Place of Birth, (Street and Number)* | 1043. Hopkins Ave |
| 5. *Full Name of Mother,* | Amanda Bloom Schoneman |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Robert Bloom |
| 9. *Father's Occupation,* | Baltimore |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | E. L. Peterson M.D. |
| *Address,* | 1062 N. Broadway |
| *Remarks,* | 8970004127 |

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# RETURN OF A BIRTH. 83571

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 27th 1897

4. Place of Birth, (Street and Number) 1224 E. Federal 4

5. Full Name of Mother, Elizabeth Crouch

6. Mother's Maiden Name, Elizabeth Roeder

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Edwin Crouch

9. Father's Occupation, Solicitor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks, 8970004128

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Be ascertained the full name of each child, if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the office of the Commissioner of Health. In case the birth of any child third day of each and every month of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-29-56

# RETURN OF A BIRTH. 83542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | George Raymond Crawford<br>2nd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 29th - 1897 |
| 4. Place of Birth, (Street and Number) | 1907 Pratt st. |
| 5. Full Name of Mother, | Lulu Crawford |
| 6. Mother's Maiden Name, | Lulu Georgeous |
| 7. Mother's Birthplace, | Lancaster Co. Pa |
| 8. Full Name of Father, | James Crawford |
| 9. Father's Occupation, | Shipping Clerk<br>~~Bc~~ Shipwrecker |
| 10. Father's Birthplace, | |
| Name of Medical Attendant, or other person who makes this Return, | Mary L. Pertner |
| Address, | 241 S. Chester st. |
| Remarks, | 8970004129 |

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the same can be ascertained the full name of each child, if any, and the full name and occupation of its parents, the date and place of birth, and the number (if any) of such child in the family of its parents, the sex, color, date and place of birth of each child born in such family, and whether the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Ours

# RETURN OF A BIRTH. 83593

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Henry Muhly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 June 1894
4. Place of Birth, (Street and Number) 1322 Charles St
5. Full Name of Mother, Dorothea (Davis) (Owsley) Muhly
6. Mother's Maiden Name, " (Davis) (Dillon) Reibel
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John (Owsley) Muhly
9. Father's Occupation Baker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C. L. Brooks

Address, 1828 Light St

Remarks, Drug Clerk

8 9 7 0 0 0 4 1 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83594

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 29th, 1897
4. Place of Birth, (Street and Number) 2308 Division st.
5. Full Name of Mother, Mrs. Annie L. Sheckells
6. Mother's Maiden Name, Wohlmacher
7. Mother's Birthplace, Germany
8. Full Name of Father, Mr. Wm. B. Sheckells.
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks, 8970004131

Health. — This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83595

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 9 th twins

1. Sex, (state whether male or female) females
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 29 th 1897
4. Place of Birth, (Street and Number) No. — Maiden Choice Lane
5. Full Name of Mother, Mary Wills
6. Mother's Maiden Name, Mary Meyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wills
9. Father's Occupation Brakesman on the B & O R R
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No 512 Frederick Ave annex

Remarks,

8970004132

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83596

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29 June
4. *Place of Birth, (Street and Number)* 1453 Garrett Ave.
5. *Full Name of Mother,* Marie Manthei
6. *Mother's Maiden Name,* " Briewald
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Manthei
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Ralf. Myers.

*Address,* 1331 Hill St

*Remarks,* 8970004133

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83577

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| *r, (state whether male or female)* | Female |
| *ce or Color, (if not of the white race)* | White |
| *te of Birth,* | June 29 1897 |
| *ace of Birth, (Street and Number)* | Baltimore 1800 Wilhelm St |
| *ll Name of Mother,* | Margret emma |
| *ther's Maiden Name,* | M Argr |
| *ther's Birthplace,* | |
| *ll Name of Father,* | Ed |
| *ther's Occupation* | |
| *ther's Birthplace,* | |
| *me of Medical Attendant,* or other person who makes this Return, | |
| *dress,* | |
| *narks,* | |

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City Printers and Stationers.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth as who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83598

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 22 '97 |
| 4. *Place of Birth, (Street and Number)* | 1619 Walker St |
| 5. *Full Name of Mother,* | Augusta Stile |
| 6. *Mother's Maiden Name,* | " Hannaker |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Fred Stile |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Caroline A Miller |
| *Address,* | 1606 Walker |
| *Remarks,* | |

8970004135

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# RETURN OF A BIRTH. 83579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 6 29 97 |
| 4. *Place of Birth, (Street and Number)* | 652 Gover st |
| 5. *Full Name of Mother,* | Lileta Jiggitts |
| 6. *Mother's Maiden Name,* | Lileta Jiggitts |
| 7. *Mother's Birthplace,* | Metinberg Va |
| 8. *Full Name of Father,* | Jerison Jiggitts |
| 9. *Father's Occupation* | Porter |
| 10. *Father's Birthplace,* | Metinberg Va |
| *Name of Medical Attendant,* or other person who makes this Return. | Dr G W Kennard |
| *Address,* | 708 Eutaw st |
| *Remarks,* | Perfect — L 89-6 |

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Whereas, the Legislature of Maryland has enacted a law requiring the Registration of Births, and has set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83600

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* June 29/97.
4. *Place of Birth, (Street and Number)* 2555 Francis Street.
5. *Full Name of Mother,* Marietta Ruppersberger.
6. *Mother's Maiden Name,* Stone.
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Lewis C. Ruppersberger.
9. *Father's Occupation,* Butcher.
10. *Father's Birthplace,* Balto. City.

*Name of Medical Attendant, or other person who makes this Return,* R. H. Goldsmith. M.D.

*Address,* Harlem av. & Calhoun St.

*Remarks,* 7½ months child. Died 30 minutes after birth. G.

8970004137

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# RETURN OF A BIRTH. 83601

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4th 27. 18. 97 |
| 4. *Place of Birth, (Street and Number)* | Wilhelm Av 2004 |
| 5. *Full Name of Mother,* | mary L gurlick |
| 6. *Mother's Maiden Name,* | mary L McComas |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles F gurlick |
| 9. *Father's Occupation* | mechanic |
| 10. *Father's Birthplace,* | Lisburn |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelley |
| *Address,* | 1922 Wilhelm Av |
| *Remarks,* | |

8970004138

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# RETURN OF A BIRTH. 83002

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1897
4. Place of Birth, (Street and Number) 1917 White st West
5. Full Name of Mother, Agnes Clark
6. Mother's Maiden Name, Agnes Anderson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Thomas Clark
9. Father's Occupation Clerk
10. Father's Birthplace, Prince George Co Md

Name of Medical Attendant, or other person who makes this return, Charles G. Harper MD

Address, 1627 E Exington St.

Remarks,

1897000413 9

The Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 83603

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Male 2nd

1. *Sex, (state whether male or female)* "
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9th June 97
4. *Place of Birth, (Street and Number)* 600 Hyacinth St
5. *Full Name of Mother,* Emma Kirby
6. *Mother's Maiden Name,* " Hartman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Thos Kirby
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* Chas E. Gerrell

*Address,* 650 E Fort Ave

*Remarks,*

8970004140

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83604

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or if the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30/97
4. Place of Birth, (Street and Number) # 854 South Bond St
5. Full Name of Mother, Agnis Lufek.
6. Mother's Maiden Name, Dont Know
7. Mother's Birthplace, Austra
8. Full Name of Father, Thomas Lufek.
9. Father's Occupation Berry Picker.
10. Father's Birthplace, Austra

Name of Medical Attendant, or other person who makes this Return, Annie Prochonol.

Address, # 1710 Alice Anna St

Remarks, Full Time

8 9 7 0 0 0 4 1 4 1

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# RETURN OF A BIRTH 83605

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| *1. Sex (state whether male or female),* | Male |
| *2. Race or Color (if not of the white race),* | White |
| *3. Date of Birth,* | June 30 |
| *4. Place of Birth (Street and Number),* | 217 Bank St. West |
| *5. Full Name of Mother,* | Sarah B Reynolds |
| *6. Mother's Maiden Name,* | Sarah B Stevens |
| *7. Mother's Birthplace,* | Balt Md. |
| *8. Full Name of Father,* | Thomas F. Reynolds |
| *9. Father's Occupation,* | Salesman |
| *10. Father's Birthplace,* | Balt Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Robert K Kneas |
| *Address,* | 1001 N Lanvale St |
| *Remarks,* | |

8970004142

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been con-
ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83606

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30 1894.
4. Place of Birth, (Street and Number) Res 1226 Lamont ave
5. Full Name of Mother, Rose Krieger
6. Mother's Maiden Name, Rose Kidd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Krieger
9. Father's Occupation Brass Finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Augs. A. Clausen M.D.

Address, 1241 Harford ave

Remarks,

8970004143

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form, of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth hereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83607

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 30 June |
| 4. *Place of Birth, (Street and Number)* | 801 Fort Ave. |
| 5. *Full Name of Mother,* | Louise Bendt |
| 6. *Mother's Maiden Name,* | " Bender |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | August Bendt |
| 9. *Father's Occupation* | Restaurant |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Emily Mayer |
| *Address,* | 1331 Hull St |
| *Remarks,* | |

8970004144

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83608

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 30th 1897
4. Place of Birth, (Street and Number) 317 E Pratt ave
5. Full Name of Mother, Carrie Julia Mullaney
6. Mother's Maiden Name, Carrie Julia Mullen
7. Mother's Birthplace, Indiana
8. Full Name of Father, William Herbert Mullaney
9. Father's Occupation Fireman B & P R R
10. Father's Birthplace, Prince Geo Co Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1528 Light St

Remarks, Doing Well

8970004145

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1236.]

# RETURN OF A BIRTH. 83609

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* June 30 1897
4. *Place of Birth,* (*Street and Number*) 1230 Wallet
5. *Full Name of Mother,* Lizzie Forman
6. *Mother's Maiden Name,* Steyning
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gergert Heyning
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Caroline st

*Address,* 434 Fort Ave

*Remarks,*

8970004146

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83610

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30. 1897
4. *Place of Birth, (Street and Number)* 1303 Clarkson st.
5. *Full Name of Mother,* Mary C Wagared
6. *Mother's Maiden Name,* Scott
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Wagared
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* Carolina Schwartz

*Address,* 434 E. Fort Ave

*Remarks,*

8970004147

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83611

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | 15-4 N Carey St |
| 5. *Full Name of Mother,* | Margaret Walsh Murray |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Edward Walsh |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas E Sadtler |
| *Address,* | |
| *Remarks,* | |

8970004148

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1236.]

# RETURN OF A BIRTH. 83612

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30.
4. Place of Birth, (Street and Number) 1340 Fennel ave
5. Full Name of Mother, Kate Hubers
6. Mother's Maiden Name, Connelly
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm Hubers
9. Father's Occupation, Leveler
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Chas L Huck

Address, 649 N Lafayette ave

Remarks,

8970004149

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83613

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 June
4. Place of Birth, (Street and Number) 1014 E. Oliver St
5. Full Name of Mother, Maggie Herbert
6. Mother's Maiden Name, Maggie Leistner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Nicholas J. Herbert
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J Pirl Kirkwood

Address, 1417 E Eager St.

Remarks,

8970004150

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83614

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30 June |
| 4. *Place of Birth, (Street and Number)* | 724 Cross St |
| 5. *Full Name of Mother,* | Nellie P White |
| 6. *Mother's Maiden Name,* | Nellie Ryan |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Robert White |
| 9. *Father's Occupation* | Scrawl Sawer |
| 10. *Father's Birthplace,* | Baltimore Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bangs |
| *Address,* | 711 N. Cross St |
| *Remarks,* | |

8970004151

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83615

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | F |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | June 30 |
| 4. *Place of Birth, (Street and Number)* | 1 H H |
| 5. *Full Name of Mother,* | Maggie Bruce |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | John Flynn |
| 9. *Father's Occupation* | RR Conductor |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo E Dobbin M.D. |
| *Address,* | The Johns Hopkins Hospital. |
| *Remarks,* | |

8970004152

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

# RETURN OF A BIRTH. 83616

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30 June |
| 4. *Place of Birth, (Street and Number)* | 857 Rembrandt st. |
| 5. *Full Name of Mother,* | Annie Bell. |
| 6. *Mother's Maiden Name,* | " " Kaufman |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Emrich Bell |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bange |
| *Address,* | 714 N. Grove st. |
| *Remarks,* | |

8 9 7 0 0 0 4 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 83617

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 mail

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Col
3. Date of Birth, June 80
4. Place of Birth, (Street and Number) Lemon St 15-14
5. Full Name of Mother, Aclia ~~queen~~ Hays
6. Mother's Maiden Name, Aclia queen
7. Mother's Birthplace, Andrews Co md
8. Full Name of Father, Charles Hays
9. Father's Occupation, Brick yard
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Corline Queen

Address, 1066 Rebecca St

Remarks, all right

8970004154

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83618

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, June 30th 1897
4. Place of Birth, (Street and Number) 624 Park Ave
5. Full Name of Mother, Mary Rowland Baker
6. Mother's Maiden Name, Mary Howard
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Baker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Hoey

Address, 1809 Lemmon Ave

Remarks,

8970004155

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2/20/15 JV

# RETURN OF A BIRTH 83619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daniel James Pessagno

| | |
|---|---|
| *No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.) | 2nd. |
| 1. *Sex,* (State whether male or female) | Male. |
| 2. *Race or color,* (if not of the white race) | White. |
| 3. *Date of Birth,* | June 30-97 |
| 4. *Place of Birth,* (Street and Number) | 108 Park Ave. |
| 5. *Full Name of Mother,* | Mary Teresa Pessagno |
| 6. *Mother's Maiden Name,* (Same Name) | " " Pessagno |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | James Pessagno, |
| 9. *Father's Occupation,* | Saloon Keeper. |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | D W Cathell M.D. |
| *Address,* | 1305 N Charles St. |
| *Remarks,* | |

8970004156

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents; the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 83620

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 30th 1897
4. Place of Birth, (Street and Number) Baltimore County
5. Full Name of Mother, Carrie A. Henderson
6. Mother's Maiden Name, " " Smallwood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Henderson Jr.
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thirdon Cooke M.D.

Address, 914 N. Charles St

Remarks,

8970004157

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83621

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | June 30 |
| 3. *Date of Birth,* | White |
| 4. *Place of Birth, (Street and Number)* | Johns Hopkins Hospital |
| 5. *Full Name of Mother,* | Lucy Matthews. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | John Washington |
| 9. *Father's Occupation* | Lystreman |
| 10. *Father's Birthplace,* | Va |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M D |
| *Address,* | J H H |
| *Remarks,* | |

8 9 7 0 0 0 1 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83622

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 1st 1897
4. *Place of Birth, (Street and Number)* 1123 Low st.
5. *Full Name of Mother,* Annie Scheer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Scheer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return, Mrs. C. Bernstein

*Address,* 122 S. Exeter St.

*Remarks,*

8970004159

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-16-58

# RETURN OF A BIRTH. 83623

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Frederick ~~O'~~ Connor, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 16th 1897
4. Place of Birth, (Street and Number) St. Thiehen st No 4084
5. Full Name of Mother, Blanch D Connor
6. Mother's Maiden Name, Blanch D Harig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F Connor
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, No 19 22 Wilkins Ave

Remarks,

8970004160

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83624

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June the 1 : 1897 |
| 4. *Place of Birth, (Street and Number)* | Pratt st No 19.15 |
| 5. *Full Name of Mother,* | mary A dorsey |
| 6. *Mother's Maiden Name,* | mary E dash |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John E dorsey |
| 9. *Father's Occupation* | Labrer |
| 10. *Father's Birthplace,* | Baltimore E C. M D |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelley |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | |

8970004161

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83625

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 19th
4. *Place of Birth, (Street and Number)* 1223 N. Eden Street
5. *Full Name of Mother,* Emma Muelenbach
6. *Mother's Maiden Name,* Barbert
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Muelenbach
9. *Father's Occupation* Contractor
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1606 Walker

*Remarks,*

8770004162

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83626

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 1st 1897 |
| 4. *Place of Birth, (Street and Number)* | #617 South Bond St |
| 5. *Full Name of Mother,* | Josefa Simanski. |
| 6. *Mother's Maiden Name,* | = Posniak |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Andrew Simanski |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Maria Beiger. |
| *Address,* | #721 South Ann St |
| *Remarks,* | |

8470004163

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 83627

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 19th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 1st 1897
4. Place of Birth, (Street and Number) 1523 N. Carey St
5. Full Name of Mother, Marie Uhlig
6. Mother's Maiden Name, Marie Eichler
7. Mother's Birthplace, Saxony Germany
8. Full Name of Father, Richard Uhlig
9. Father's Occupation Musician
10. Father's Birthplace, Saxony Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 129 Chestnut St

Remarks,

8970004164

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 11-28-57

# RETURN OF A BIRTH. 83628

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Irene ~~Redding~~

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | June 1st 1897 |
| 4. Place of Birth, (Street and Number) | 258 Harlem Ave Woodberry |
| 5. Full Name of Mother, | Elizabeth Elma Redding |
| 6. Mother's Maiden Name, | Elizabeth E. Barber |
| 7. Mother's Birthplace, | Balt Co. Md |
| 8. Full Name of Father, | William Emory Redding |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Carroll Co. Md. |
| Name of Medical Attendant, or other person who makes this Return, | Geo. T. Shower, M.D. |
| Address, | 421 Roland Ave. |
| Remarks, | |

8970004165

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83629

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, June 1st 1897
4. Place of Birth, (Street and Number) 1904 E. Chase St
5. Full Name of Mother, Mary Fowler
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, St Mary's Co Md
8. Full Name of Father, Richard Fowler
9. Father's Occupation Stendor
10. Father's Birthplace, St Mary's Co Md

Name of Medical Attendant, or other person who makes this Return, Wm McDaniel M.D.

Address, Johns Hopkins Hospital, Baltimore, Md.

Remarks,

8970004166

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83630

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 ½ |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 3rd of June 97. |
| 4. *Place of Birth, (Street and Number)* | 2129 Pine St |
| 5. *Full Name of Mother,* | Marsella Sims |
| 6. *Mother's Maiden Name,* | Marsella Martin |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Friedrich Sims |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Rensle midwife |
| *Address,* | 2116 W. Pratt St |
| *Remarks,* | |

8970004167

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83631

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* IX

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* June 2nd 1897
4. *Place of Birth, (Street and Number)* 2219 McCulloh St
5. *Full Name of Mother,* Lucy Moore
6. *Mother's Maiden Name,* Lee
7. *Mother's Birthplace,* St Marys Co. Md
8. *Full Name of Father,* Thomas Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Charles Co. Md

*Name of Medical Attendant,* or other person who makes this Return, Wm. McD. Dulany M.D.

*Address,* Johns Hopkins Hospital, Baltimore Md.

*Remarks,*

8970004168

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 83632

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* June 2. ( 12.45 A. M. ).

4. *Place of Birth, (Street and Number)* 1206 S. Charles Street.

5. *Full Name of Mother,* Carey, Alice Martin,

6. *Mother's Maiden Name,* Baker,

7. *Mother's Birthplace,* Annapolis

8. *Full Name of Father,* Charles, Leonard Martin,

9. *Father's Occupation* Laborer.

10. *Father's Birthplace,* Balto Md.

*Name of Medical Attendant,* or other person who makes this Return, Dr. M. Hanna (for the

*Address,* Mothers Relief Society, 1412 Eutaw Place.

*Remarks,*

8970004169

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83633

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 th |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 2 th June 1897. |
| 4. *Place of Birth, (Street and Number)* | 2700 E. Eutaw st. |
| 5. *Full Name of Mother,* | Lilie Petchke. |
| 6. *Mother's Maiden Name,* | Abe. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Johan Petchke. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm P. Heusemann. |
| *Address,* | 2922 Elliott st. |
| *Remarks,* | |

8970004170

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 83634

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 2nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1906 E. Fayette Street |
| 5. *Full Name of Mother,* | Phillipine Katzian |
| 6. *Mother's Maiden Name,* | Conrad |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Katzian |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H. Krotz, Midwife |
| *Address,* | 1922 East Fayette Street |
| *Remarks,* | |

8 9 7 0 0 0 4 1 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83635

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | June 3 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1403 E Monument 1417 |
| 5. *Full Name of Mother,* | Hanna Nugent |
| 6. *Mother's Maiden Name,* | " Winks |
| 7. *Mother's Birthplace,* | Bal'o |
| 8. *Full Name of Father,* | Thomas Nugent |
| 9. *Father's Occupation* | Gasfitter |
| 10. *Father's Birthplace,* | N.O. New Orleans La |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allurell |
| *Address,* | 1138 N Bond St |
| *Remarks,* | |

8970004172

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 83636

GIVEN NAME ADDED 5-4-64

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: Clare Clothilde Klug

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, June 3rd 1897.

4. Place of Birth, (Street and Number) 2209 Beach Ave

5. Full Name of Mother, Philopena Klug

6. Mother's Maiden Name, " Volk

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Benjamin A. Klug

9. Father's Occupation Grocer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogt M.D.

Address, 2712 Evergreen Terrace

Remarks,

8970004173

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The same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM 1236

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83637

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th |
| 1. *Sex, (state whether male or female)* | male. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 3th June 1897. |
| 4. *Place of Birth, (Street and Number)* | 3000 Elliott st. |
| 5. *Full Name of Mother,* | Beate Slakan. |
| 6. *Mother's Maiden Name,* | Schönhof |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Johan Slakan. |
| 9. *Father's Occupation* | Labor. |
| 10. *Father's Birthplace,* | Baltimore. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs L. Liersmann. |
| *Address,* | 2922 Elliott st |
| *Remarks,* | |

8970004174

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# RETURN OF A BIRTH. 83638

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1009 Myrtle Ave, Baltimore, Md~~ June 3rd 97.
4. Place of Birth, (Street and Number) 1009 Myrtle Ave.
5. Full Name of Mother, Fanny M. Wolfe
6. Mother's Maiden Name, Fanny M. Hudgins
7. Mother's Birthplace, Virginia.
8. Full Name of Father, Thomas J. Wolfe.
9. Father's Occupation Physician.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, F. L. Allen, M.D.

Address, 1009 Myrtle Ave., Baltimore.

Remarks,

8 9 7 0 0 0 4 1 7 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83639

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 3. '99
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Anna Martin.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Martinsburg. W. Va.
8. Full Name of Father, Geo. Taylor.
9. Father's Occupation Laborer.
10. Father's Birthplace, W. Va

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Genl. Hosp.

Remarks,

8970004176

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

# RETURN OF A BIRTH. 83640

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3d 1897
4. Place of Birth, (Street and Number) 234 N. Mount st
5. Full Name of Mother, Lellie Boston
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, B. C. Md
8. Full Name of Father, George Boston
9. Father's Occupation Silverman
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, W. B. Hawkins

Address, 509 W Saratoga st

Remarks,

8 9 7 0 0 0 4 1 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, or other person who shall attend upon the birth of any child, shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83641

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 4 18 99

4. Place of Birth, (Street and Number) 2 12 Nicholas ave

5. Full Name of Mother, Manda E Hall

6. Mother's Maiden Name, Brothers

7. Mother's Birthplace, Carroll County

8. Full Name of Father, Allen Hall

9. Father's Occupation Stone Cutter

10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E Thing 575 Hickory ave city

Remarks,

8970004178

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83642

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* June 4, 97
4. *Place of Birth, (Street and Number)* Mt Vernon Hotel
5. *Full Name of Mother,* Alice M Higgins Schultz
6. *Mother's Maiden Name,* Alice M Higgins
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frederick W Schultz
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Md

*Name of Medical Attendant, or other person who makes this Return,* R W Mifflin MD

*Address,* 402 Cathedral St

*Remarks,*

8970004179

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83643

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4. June
4. *Place of Birth, (Street and Number)* 125 N. West st
5. *Full Name of Mother,* Annie Leibold
6. *Mother's Maiden Name,* Anna Krogman
7. *Mother's Birthplace,* Baltimor M. D.
8. *Full Name of Father,* Paul Leibold
9. *Father's Occupation* Shoumaker
10. *Father's Birthplace,* Baltimor M. D.

*Name of Medical Attendant,* or other person who makes this Return, Catherine Hünicke

*Address,* 800 Leadenhall St

*Remarks,*

8970004180

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

# RETURN OF A BIRTH. 83644

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or ~~female~~)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4/97 |
| 4. *Place of Birth, (Street and Number)* | #716 South Ann St |
| 5. *Full Name of Mother,* | Julia Esbrant. |
| 6. *Mother's Maiden Name,* | = Cheess. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Paul Esbrant. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return | Maria Beiger. |
| *Address,* | #721 South Ann St |
| *Remarks,* | |

8970004181

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[M 1236.]

# RETURN OF A BIRTH. 83645

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 4 1897 |
| 4. *Place of Birth, (Street and Number)* | 1324 Garrett Ave. |
| 5. *Full Name of Mother,* | Katherine Spleres |
| 6. *Mother's Maiden Name,* | Hell |
| 7. *Mother's Birthplace,* | Hungary |
| 8. *Full Name of Father,* | Michael Spleres |
| 9. *Father's Occupation* | Stevedore |
| 10. *Father's Birthplace,* | Hungary |
| *Name of Medical Attendant,* or other person who makes this Return, | Robt. L. Spleres M.D. |
| *Address,* | 1458 Riviera Ave. |
| *Remarks,* | |

8470004182

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1336

# RETURN OF A BIRTH. 83646

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon its birth to the Commissioner of Health, should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) | 9th. |
| 1. *Sex*, (*state whether male or female*) | female. |
| 2. *Race or Color*, (*if not of the white race*) | white |
| 3. *Date of Birth*, | 5th June. 1898 |
| 4. *Place of Birth*, (*Street and Number*) | 2917. Dillon street |
| 5. *Full Name of Mother*, | Magda Wilinski |
| 6. *Mother's Maiden Name*, | Darwalski |
| 7. *Mother's Birthplace*, | Germany. |
| 8. *Full Name of Father*, | Stanislaus Wilinski |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace*, | Germany. |
| *Name of Medical Attendant*, or other person who makes this Return, | Mrs S. Lieutenant. |
| *Address*, | 2929 Elliott st. |
| *Remarks*, | |

8970004183

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 83647

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether ~~male~~ or female). Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5 1897

4. Place of Birth, (Street and Number) # 503 South Bethel St

5. Full Name of Mother, Angala Hepner.

6. Mother's Maiden Name, = Bochenska.

7. Mother's Birthplace, Germany

8. Full Name of Father, Michael Hepher.

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this return, Maria Berger.

Address, # 721 South Ann St

Remarks,

8970004184

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83648

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2d.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White,
3. *Date of Birth*, June 5th.
4. *Place of Birth*, (*Street and Number*) No 1138 Bowen St.,
5. *Full Name of Mother*, Annie Robinson,
6. *Mother's Maiden Name*, Demore,
7. *Mother's Birthplace*, Balto. City
8. *Full Name of Father*, William H. Robinson,
9. *Father's Occupation*, Plumber
10. *Father's Birthplace*, Balto. City,

*Name of Medical Attendant*, or other person who makes this Return, Dr Wm H. Edwards MD

*Address*, 721 Columbia Ave

*Remarks*,

8 4 7 0 0 0 4 1 8 5

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83649

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 1/2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of June 97
4. Place of Birth, (Street and Number) 120 S Monroe St
5. Full Name of Mother, Margaretha Winkler
6. Mother's Maiden Name, Margaretha F. Yoder
7. Mother's Birthplace, Balto
8. Full Name of Father, Carl W. Winkler
9. Father's Occupation Laber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuser midwife

Address, 216 W Pratt St

Remarks,

8970004186

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 83650

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5 1897.
4. Place of Birth, (Street and Number) No. 1317 E. Townsend st.
5. Full Name of Mother, Ada Burns.
6. Mother's Maiden Name, Ada Burrier.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Hugh Burns.
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

8970004187

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83657

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th June
4. Place of Birth, (Street and Number) 929 Eutaw St
5. Full Name of Mother, Mary Wiesing
6. Mother's Maiden Name, Mary Meyers
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Wiesing
9. Father's Occupation ~~Laborer~~ Retired Squire
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J. Swayne

Address, 924 Eutaw St

Remarks,

8 9 7 0 0 0 4 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-16-57

# RETURN OF A BIRTH. 83652

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy C. Shea

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 5th 1897
4. Place of Birth, (Street and Number) 613 Baker St
5. Full Name of Mother, Louisa Shea
6. Mother's Maiden Name, Crouch
7. Mother's Birthplace, Marblehead Mass
8. Full Name of Father, John H Shea
9. Father's Occupation Brickmason
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E Sadtler

Address, 1839 Bolton St

Remarks,

8970004189

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M [236]

GIVEN NAME ADDED. 3-11-57

# RETURN OF A BIRTH. 83653

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Gertrude ~~Taylor~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 5. (1897).
4. Place of Birth, (Street and Number) 402 Grindall Street.
5. Full Name of Mother, Laura Virginia Taylor,
6. Mother's Maiden Name, Dougherty.
7. Mother's Birthplace, Somerset Co. Md.
8. Full Name of Father, Elmar Clayton Taylor
9. Father's Occupation Ironmoulder
10. Father's Birthplace, Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenna / for the Mothers Relief Society

Address, 1412 Sutton Place

Remarks,

8970004190

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 83652

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~William~~ Pain

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, [illegible]
4. Place of Birth, (Street and Number) 553 Druid ave
5. Full Name of Mother, Sarah E (Lizzie) Pain
6. Mother's Maiden Name, [illegible]
7. Mother's Birthplace, Virginia
8. Full Name of Father, James (Carroll) Pain
9. Father's Occupation Street Inspector
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, Martha E Pain 575 Thirty ave

Remarks, [illegible]

8970004191

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

FORM 1236.]

# RETURN OF A BIRTH. 83655

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5th June
4. Place of Birth, (Street and Number) 835 Kingsborough
5. Full Name of Mother, Mary Foot
6. Mother's Maiden Name, Mary Gunning
7. Mother's Birthplace, Texas B. C.
8. Full Name of Father, Joseph Foot
9. Father's Occupation [redacted] Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs J Birth Midwife

Address, 1417 E Eager St.

Remarks,

8970004192

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of each district shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83656

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Light Colored |
| 3. *Date of Birth,* | June 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1010 Thursday's Lane Woods |
| 5. *Full Name of Mother,* | Mary L Butler |
| 6. *Mother's Maiden Name,* | Mary L Bibb |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Robert F Butler |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr Wilson Neal |
| *Address,* | 909 Cornwall St. |
| *Remarks,* | |

8 4 7 0 0 0 4 1 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 83657

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* June 6th 1897
4. *Place of Birth, (Street and Number)* 263. N. Exeter St
5. *Full Name of Mother,* Rachel Harris
6. *Mother's Maiden Name,* Resnick
7. *Mother's Birthplace,* Russ. Poland Black Sea
8. *Full Name of Father,* Philip Harris
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Poland Black Sea

*Name of Medical Attendant,* or other person who makes this Return, H. Fleischmann M.

*Address,* 143. N. Front St

*Remarks,*

8970004194

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 83657

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, June 6. 97.
4. Place of Birth, (Street and Number) 578 Walnut alley.
5. Full Name of Mother, Ida Regina Slaughter.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. S Skinner
9. Father's Occupation Laborer.
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, M L. Todd

Address, Md. Gen. Hosp.

Remarks,

8970004195

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-29-56

# RETURN OF A BIRTH. 83659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edro Lars Larsen Fish.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, June 6, 1897
4. Place of Birth, (Street and Number) 1822 Bond Street
5. Full Name of Mother, Emma Larsen
6. Mother's Maiden Name, Emma Newkirk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ludwig F. Larsen.
9. Father's Occupation, Magistrate
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Hamilton Neal.

Address, 1701 Caroline St

Remarks,

8970004196

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83660

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1038 Fremont St |
| 5. *Full Name of Mother,* | Delia Burns |
| 6. *Mother's Maiden Name,* | Delia Gilday |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | John Burns |
| 9. *Father's Occupation* | Mechanic |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr. Josephine Bucca |
| *Address,* | 1051 Augusta St. |
| *Remarks,* | |

8970004197

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-10-56

# RETURN OF A BIRTH. 83661

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | ~~Marian Estelle Walters~~ First Child. |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th 1897. |
| 4. *Place of Birth, (Street and Number)* | 1706 N Mulberry st. city |
| 5. *Full Name of Mother,* | Lenora B. Walters |
| 6. *Mother's Maiden Name,* | Lenora B. Richer |
| 7. *Mother's Birthplace,* | Baltimore, City |
| 8. *Full Name of Father,* | Frank E Walters. |
| 9. *Father's Occupation* | Tin and Shy-ion worker. |
| 10. *Father's Birthplace,* | Laurel. Prince George. Co. |
| *Name of Medical Attendant, or other person who makes this Return,* | Wm. Ledley. |
| *Address,* | 1007 W Lexington St. |
| *Remarks,* | |

8970004198

any such person of persons who shall neglect or refuse to comply with the provisions of this Section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall contain a list of the births which have occurred under his or her care during the Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child born conferred) its sex, color, the full name and occupation of its parents, the date and place of the first and month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have attendance upon the mother, immediately of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practicner of midwifery, or should no other person of such said schedule shall be delivered, duly signed by the practitioner in case the birth of he in third day of each and every month to the office of the Commissioner of the city of the person or parents, of such shall become of a physician or practicner of midwifery, in the manner and within the period above required, and thereafter it shall become of a physician or practicner of midwifery, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83662

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 of June
4. Place of Birth, (Street and Number) 515 Cannon St.
5. Full Name of Mother, Da Horner
6. Mother's Maiden Name, = Hans.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Horner
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss (Rabinkow)

Address, 713 Port St.

Remarks,

8970004199

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84557

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 120 N Castle Street |
| 5. *Full Name of Mother,* | Mary Nagengast |
| 6. *Mother's Maiden Name,* | Mabry Brooks |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Nagengast |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Elton, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8 9 7 0 0 0 4 2 0 0

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 84558

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 26 '97 |
| 4. *Place of Birth, (Street and Number)* | 841 W. Fayette |
| 5. *Full Name of Mother,* | Mrs. Margaret J. Blondel |
| 6. *Mother's Maiden Name,* | " " Burk |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | John A Blondel |
| 9. *Father's Occupation* | Saw Fixture Business |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Thos Chew Worthington |
| *Address,* | 840 W Fayette |
| *Remarks,* | |

8970004201

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84559

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 26/97
4. Place of Birth, (Street and Number) 1419 Fayette Ave
5. Full Name of Mother, Helen Ceyton Helen Jones
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Howard Conn -
8. Full Name of Father, Mechanic
9. Father's Occupation, Baltimore
10. Father's Birthplace, Dr Evans N E Cor Carey & Fayette

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970004202

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #4560

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* iiii

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 26-97
4. *Place of Birth, (Street and Number)* 518 N. Duncan al-
5. *Full Name of Mother,* Margaret Saunders
6. *Mother's Maiden Name,* Wannarick
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Wm. M. Dabney M.D.

*Address,* Johns Hopkins Hospital

*Remarks,*

8970004203

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84561

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 26 1897 |
| 4. *Place of Birth, (Street and Number)* | 1014 Eastern Ave. |
| 5. *Full Name of Mother,* | Katie Frankele Cmeirsky |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Morris Frankele |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs E. Scherman |
| *Address,* | 42 Altemarle St |
| *Remarks,* | |

8970004204

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84562

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 26 — 1897
4. Place of Birth, (Street and Number) 2212 Bank St.
5. Full Name of Mother, Hester Lee Roberts
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Clinton Roberts
9. Father's Occupation Colector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E Pratt st

Remarks,

8970004205

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84663

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 26 - 1897
4. *Place of Birth, (Street and Number)* 1616 Eastern Ave.
5. *Full Name of Mother,* Julia Moser
6. *Mother's Maiden Name,* Conty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Moser
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Pratt St.

*Remarks,*

8970004206

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84564

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Six

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 4th 26
4. *Place of Birth, (Street and Number)* 736 Pleasant st
5. *Full Name of Mother,* Christina Hall
6. *Mother's Maiden Name,* Christina Boyd
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm O Hall
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return* Mrs F. Myers

*Address,* No. 722 Bradley St.

*Remarks,* Living Well

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RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84565

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 26 1897
4. Place of Birth, (Street and Number) 511 Abel Str
5. Full Name of Mother, Sary Unger
6. Mother's Maiden Name, — Zrobie
7. Mother's Birthplace, Russia Lomza State
8. Full Name of Father, Cimon Unger
9. Father's Occupation Shoe maker
10. Father's Birthplace, Russia Lomza State

Name of Medical Attendant, or other person who makes this Return, H. Thinder m.d.

Address, 143. N. Front St

Remarks,

8970004208

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1236.]

# RETURN OF A BIRTH. 84566

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th Child |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | July 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 320 Forest st city |
| 5. *Full Name of Mother,* | Mrs. Maggie Rauch |
| 6. *Mother's Maiden Name,* | Miss Maggie Miller |
| 7. *Mother's Birthplace,* | Bayer Germany |
| 8. *Full Name of Father,* | Mr Henry Rauch |
| 9. *Father's Occupation* | Day Laborer |
| 10. *Father's Birthplace,* | Bayer Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Hiller |
| *Address,* | 2008 Mc Henry |
| *Remarks,* | |

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# RETURN OF A BIRTH. 84567

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)* 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 27-1897
4. *Place of Birth, (Street and Number)* 15-32
5. *Full Name of Mother,* Carolina Vas
6. *Mother's Maiden Name,* " Meinsma
7. *Mother's Birthplace,* Holland
8. *Full Name of Father,* John R. A. Vas.
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Holland

*Name of Medical Attendant,* or other person who makes this Return. Geo F. Saylor M.D

*Address,* 1267 N. Broadway

*Remarks,*

8 9 7 0 0 0 4 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84568

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 10th The 24th July 97

4. *Place of Birth, (Street and Number)* No 1008 Whitelock St

5. *Full Name of Mother,* Lizzie Bussie

6. *Mother's Maiden Name,* Lizzie Bush

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Bussie

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Ch Lauer

*Address,* No 054 Hanford Ave

*Remarks,* Bal. Md

1897

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nionth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84569

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply With the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 m

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of July 97.
4. *Place of Birth, (Street and Number)* 2104 Prince St
5. *Full Name of Mother,* Mina Bassie
6. *Mother's Maiden Name,* Mina Knapp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bassie
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Friederike Kenler Midwife

*Address,* 214 W Pratt St

*Remarks,*

8970004212

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84570

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27 '20
4. Place of Birth, (Street and Number) 1823 E Gaston
5. Full Name of Mother, Margaret Jones
6. Mother's Maiden Name, Gaither
7. Mother's Birthplace, Hampton Va
8. Full Name of Father, Charles Jones
9. Father's Occupation Salesman
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, Dr Gately

Address, 2624 E Pratt St

Remarks, a Critical Case Presentation not as Manila

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84571

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* American - White
3. *Date of Birth,* July 27 1897
4. *Place of Birth, (Street and Number)* 115 N. Lombard
5. *Full Name of Mother,* Mrs Ida Rawlings
6. *Mother's Maiden Name,* — — — —
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Mr. H.C. Rawlings
9. *Father's Occupation* Construction Boss
10. *Father's Birthplace,* Penna

*Name of Medical Attendant,* or other person who makes this Return, E. Boyston M.D.

*Address,* 115 N. Lombard.

*Remarks,*

8470004214

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Male Child |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | 21 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 34 Eutaw St |
| 5. *Full Name of Mother,* | Maria Cascia |
| 6. *Mother's Maiden Name,* | Maria Ciccio |
| 7. *Mother's Birthplace,* | Italy |
| 8. *Full Name of Father,* | Salvatore Cascia |
| 9. *Father's Occupation* | Fruit dealer |
| 10. *Father's Birthplace,* | Italy |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Ann Taylor |
| *Address,* | 41 Guilford alley |
| *Remarks,* | |

8970004215

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84-573

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 Child |
| 1. *Sex, (state whether male or female)* | Male Child |
| 2. *Race or Color, (if not of the white race)* | White Race |
| 3. *Date of Birth,* | 27 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1112 Riverside Ave. |
| 5. *Full Name of Mother,* | Annie Macknne |
| 6. *Mother's Maiden Name,* | Annie Tygh |
| 7. *Mother's Birthplace,* | Baltimore M. D. |
| 8. *Full Name of Father,* | George Macknne |
| 9. *Father's Occupation* | Tinner |
| 10. *Father's Birthplace,* | Baltimore MD |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Annie Taylor |
| *Address,* | 41 Guilford alley |
| *Remarks,* | |

8970004216

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 84574

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27/97
4. Place of Birth, (Street and Number) #1628 Thames St
5. Full Name of Mother, Mary Gotcenska.
6. Mother's Maiden Name, Mary Wojtisiak.
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Gotcenski.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary BieGear.

Address, # 721 South Ann St

Remarks,

8 4 7 0 0 0 4 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84575

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 27 of July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1603 Register str |
| 5. *Full Name of Mother,* | Emma Sihmit |
| 6. *Mother's Maiden Name,* | Emma John |
| 7. *Mother's Birthplace,* | Germanie |
| 8. *Full Name of Father,* | George Sihmit |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Luise Lintara |
| *Address,* | 1010 Durham St |
| *Remarks,* | |

8970004218

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27
4. Place of Birth, (Street and Number) 2857 Lanvale St
5. Full Name of Mother, Laura May Fiorini
6. Mother's Maiden Name, Laura May Vogelsteine
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Divin Fiorini
9. Father's Occupation Clerk in Water Dep.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Percy

Address, 2857 Lanvale St

Remarks,

8970004219

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84577

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 27th 1911 |
| 4. *Place of Birth, (Street and Number)* | 1042 E Clare St |
| 5. *Full Name of Mother,* | Mary Feeney |
| 6. *Mother's Maiden Name,* | Mary Kelly |
| 7. *Mother's Birthplace,* | County Galway Ireland |
| 8. *Full Name of Father,* | Thos Feeney |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant, or other person who makes this Return,* | J M Hanlon M.D. |
| *Address,* | 126 E Eager St Baltimore Md |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* White.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Color.
3. *Date of Birth,* July 27
4. *Place of Birth, (Street and Number)* Church Street 130.
5. *Full Name of Mother,* Laura Rebecca Berry.
6. *Mother's Maiden Name,* Laura Rebecca Lewis
7. *Mother's Birthplace,* Baltimore Co Maryland.
8. *Full Name of Father,* Sylvester Berry.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore Co Md.

*Name of Medical Attendant,* or other person who makes this Return, Marie Right

*Address,* 814 Eonar Street

*Remarks,*

18970004221

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# RETURN OF A BIRTH. 84579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 536 Wyeth Street |
| 5. *Full Name of Mother,* | Emilie Elizabeth Boyes |
| 6. *Mother's Maiden Name,* | Emilie Elizabeth Trumper |
| 7. *Mother's Birthplace,* | Preslow Germany |
| 8. *Full Name of Father,* | Richard Oliver Boyes Sr |
| 9. *Father's Occupation* | Brick Maker |
| 10. *Father's Birthplace,* | Baltimore Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Boyes |
| *Address,* | 536 Wyeth St |
| *Remarks,* | |

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C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84580

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* July 27 — 1897
3. *Date of Birth,* 1214 Hanover St
4. *Place of Birth, (Street and Number)* Agnes J. Hanselman
5. *Full Name of Mother,* Agnes Simmes
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* John H Henschen
8. *Full Name of Father,* Cigar Box maker
9. *Father's Occupation* Balto
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* Mrs Minnick

*Address,* 800 Leadenhall Street.

*Remarks,*

1897000004223

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[2 15.]

# RETURN OF A BIRTH. 84581

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Irene Alfred Foos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1877
4. Place of Birth, (Street and Number) 812 Federal st
5. Full Name of Mother, Mary A. T. Foos
6. Mother's Maiden Name, Mary Riether
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alfred Foos
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks,

18970004224

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 21582

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 27-97. |
| 4. *Place of Birth, (Street and Number)* | 1936 Light St. |
| 5. *Full Name of Mother,* | Helen Margaret Wheeler |
| 6. *Mother's Maiden Name,* | " " Dinmore |
| 7. *Mother's Birthplace,* | York Co. Penn. |
| 8. *Full Name of Father,* | Wallace Dingham Wheeler |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Penn. |
| *Name of Medical Attendant,* or other person who makes this Return, | G. L. Hunner M.D. |
| *Address,* | Johns Hopkins Hospital |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. R4583

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Penalty.** This schedule shall contain a list of the births which occur in each family, with the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the Health. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and it shall become the duty, of the person or parents of such child to report its birth to the office or practioner of midwifery, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | III |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | July 7-97 |
| 4. *Place of Birth, (Street and Number)* | 226 Montford ave |
| 5. *Full Name of Mother,* | Martha Jane Henson |
| 6. *Mother's Maiden Name,* | Hammond |
| 7. *Mother's Birthplace,* | Balto Brujt Henry Henson |
| 8. *Full Name of Father,* | |
| 9. *Father's Occupation* | Brick Maker |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | G. L. Hunner M.D. |
| *Address,* | Johns Hopkins Hospital |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84584

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July the 28. 1897 |
| 4. *Place of Birth, (Street and Number)* | Wilkins Ave # 2228 |
| 5. *Full Name of Mother,* | Bessy grunstine |
| 6. *Mother's Maiden Name,* | Bessy mollrow |
| 7. *Mother's Birthplace,* | Europe |
| 8. *Full Name of Father,* | Jacob grunstine |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Europe |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelley |
| *Address,* | # 1922 Wilkins Ave |
| *Remarks,* | |

8970004227

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84585

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 28 July 1897
4. Place of Birth, (Street and Number) 129 Lincoln st
5. Full Name of Mother, Mary Demarco
6. Mother's Maiden Name, Mary Geppi
7. Mother's Birthplace, Italy
8. Full Name of Father, Crispino Demarco
9. Father's Occupation Fruit dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Miss Anna Taylor

Address, 41 Guilford alley

Remarks, Child 7 months weight 4 Pounds

8970004228

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84586

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28. 1897 |
| 4. *Place of Birth, (Street and Number)* | 940. E. Pratt St |
| 5. *Full Name of Mother,* | Bessie Cohen |
| 6. *Mother's Maiden Name,* | Bessie Nachlas |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Joseph Cohen |
| 9. *Father's Occupation* | Cigarmaker |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman |
| *Address,* | 42 Allemarle St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84587

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 28, 1894.
4. *Place of Birth, (Street and Number)* 526 Hickory ave.
5. *Full Name of Mother,* Katie Kilroy.
6. *Mother's Maiden Name,* Mulcahy.
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,* Martin L. Kilroy.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Chas. H. Mitchell M.D.

*Address,* 291 Chestnut ave.

*Remarks,*

8970004230

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# RETURN OF A BIRTH. 84588

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28, 1897 |
| 4. *Place of Birth, (Street and Number)* | Fulton Ave No 347 |
| 5. *Full Name of Mother,* | Mary A Vencelius |
| 6. *Mother's Maiden Name,* | Mary A Schmeltz |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Peter H Vencelius |
| 9. *Father's Occupation* | Ex Coroner |
| 10. *Father's Birthplace,* | Delaware City |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | No 1922 Wilkins Ave |
| *Remarks,* | |

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Every birth which shall occur in the City of Baltimore after the first day of January, 1875, shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth has occurred, by the physician or midwife in attendance upon the mother, or by the father of the child, or by the mother, if able to do so, or by the householder in whose house the birth occurred, or by the nurse, or by the person having charge of the child, stating the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth and the number (if not the first) of the child, if born alive, and whether the child was born alive or dead, and if dead, whether it was a stillborn child or a miscarriage, and whether the child was born in wedlock or not, and whether the mother has been delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health, or should no other person be in third day of each and the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such shall occur without a physician or practitioner in attendance, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 845-89

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28-97 |
| 4. *Place of Birth, (Street and Number)* | 511 N. Central Ave. |
| 5. *Full Name of Mother,* | Lucy Bollinger Kramer |
| 6. *Mother's Maiden Name,* | Balto |
| 7. *Mother's Birthplace,* | John Bollinger |
| 8. *Full Name of Father,* | Germany |
| 9. *Father's Occupation* | Balto |
| 10. *Father's Birthplace,* | G. L. Hunner M.D. |
| *Name of Medical Attendant,* or other person who makes this Return, | Johns Hopkins Hospital |
| *Address,* | |
| *Remarks,* | |

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monthly, the number of its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the physician or practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case there be no other person in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84590

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28th/97

4. Place of Birth, (Street and Number) 422 W. 23d St.

5. Full Name of Mother, Ellen Kavanagh.

6. Mother's Maiden Name, Ellen Brathwood.

7. Mother's Birthplace, Virginia Va.

8. Full Name of Father, P. F. Kavanagh.

9. Father's Occupation Fireman

10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M. D.

Address, Emmanuel Apt 204 St.

Remarks,

8 9 7 0 0 0 4 2 3 3

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...ascertained; the full name of each child, (if any shall have ...; and the date and place of birth; and the ...of its parents, the date and place of birth; and the ...in the form of a certificate the birth of any child ...oner of Health. In case no other person be in ...nmissioner of midwifery, or should no other person ...ioner of the duty of the person above required, and ...all become and within the period above required, and ...he manner and provisions of this section shall be sub... ply with the provisions of this section shall be sub... recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84591

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | f. |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | July 28 '97 |
| 4. *Place of Birth, (Street and Number)* | 1915 Hoffman, E. |
| 5. *Full Name of Mother,* | Annie Woods |
| 6. *Mother's Maiden Name,* | Annie Lorenz |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Elroy Woods |
| 9. *Father's Occupation* | Produce Commission |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J Watson |
| *Address,* | 1601 Broadway |
| *Remarks,* | |

8 9 7 U 0 0 4 2 3 4

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...upation of its parents, the date and place of birth; and the ...mother the full name and occupation ...been conferred) its sex, color, the full name and occupation ...been conferred, duly signed by the practitioner ...said schedule shall be delivered, duly signed by the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child ...third day of each and every month to the office of the Commissioner of Health. In case the ...shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in ...attendance upon its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- ...child to report the same as is required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84592

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~ &c.)

1. Sex, (~~state whether~~ ~~male~~ or female)
2. Race or Color, ([redacted] white race)
3. Date of Birth, July 28. 94
4. Place of Birth, (Street and Number) 902 Penn St.
5. Full Name of Mother, Mrs Maggie Mayers.
6. Mother's Maiden Name, Maggie Cash
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Mayers
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, Dr. F. H. Kahn

Address, 917 Light St.

Remarks,

1897000.4235

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 84593

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, the name, if any, that have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28-97 |
| 4. *Place of Birth, (Street and Number)* | 1954 Walbrook ave |
| 5. *Full Name of Mother,* | Carrie Lautwein |
| 6. *Mother's Maiden Name,* | " Altdörfer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Lautwein |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | C. L. Buddenbohn |
| *Address,* | 418 S. Paca St. |
| *Remarks,* | |

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# RETURN OF A BIRTH. 84594

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July . 28, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1303. Marshall . ave |
| 5. *Full Name of Mother,* | Ida. Watson |
| 6. *Mother's Maiden Name,* | Ida Philips |
| 7. *Mother's Birthplace,* | Westminster . carroll . county . md |
| 8. *Full Name of Father,* | Wm Watson |
| 9. *Father's Occupation* | Rail Roder |
| 10. *Father's Birthplace,* | Anarundel . county . md |
| *Name of Medical Attendant,* or other person who makes this Return. | Ellenora . a . anderson |
| *Address,* | 1434 Patapsco . St |
| *Remarks,* | |

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84595

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 28 |
| 4. *Place of Birth, (Street and Number)* | 504 S Payson |
| 5. *Full Name of Mother,* | Mrs Sarah Eyrant Hambrick |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Hy J. Hambrick |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | E. D. Ellenbe |
| *Address,* | 11 N Carey St |
| *Remarks,* | |

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# RETURN OF A BIRTH. 84596

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | m. |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | July 28 '97 |
| 4. *Place of Birth, (Street and Number)* | 1528 N Wolfe |
| 5. *Full Name of Mother,* | Laura Amanda Gertrude Stein |
| 6. *Mother's Maiden Name,* | " " " Miller |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Jno Wm Stein |
| 9. *Father's Occupation* | Brass Finisher |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J. Watson |
| *Address,* | 1601 Broadway |
| *Remarks,* | |

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...register of births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84597

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 28th of July 97 |
| 4. *Place of Birth, (Street and Number)* | 337 Monroe St |
| 5. *Full Name of Mother,* | Elsa Orem |
| 6. *Mother's Maiden Name,* | Elsa Foster |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Edward Orem |
| 9. *Father's Occupation* | Schuhemaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Keesler midwife |
| *Address,* | 2116 W. Pratt St |
| *Remarks,* | |

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been collected as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 24598

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Sun the 28-18-97 |
| 4. *Place of Birth, (Street and Number)* | Monra st No 600 3 |
| 5. *Full Name of Mother,* | Emma isadora Chaney |
| 6. *Mother's Maiden Name,* | Emma isadora miller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William T Chaney |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Anarundel Co Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Miss L Kelly |
| *Address,* | No 19. 22 Wilkins Ave |
| *Remarks,* | |

register of such birth, and shall enter the same on Blank Schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84599

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1631 N Durham Street |
| 5. *Full Name of Mother,* | Mary Leopold |
| 6. *Mother's Maiden Name,* | Baltimore |
| 7. *Mother's Birthplace,* | John Ley |
| 8. *Full Name of Father,* | Farmer |
| 9. *Father's Occupation* | Baltimore |
| 10. *Father's Birthplace,* | Mrs H Kraus, Midwife |
| *Name of Medical Attendant,* or other person who makes this Return, | 1922 E Fayette Street |
| *Address,* | |
| *Remarks,* | |

8970004242

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the Commissioner of Health, or should no other person be in attendance upon birth to the Commissioner of midwifery, or should no other person or parents of such child to report its birth as hereinafter it shall become the duty of the person or parents of such or practioner of midwifery, and it shall become and within the period above required, and fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 14600

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 28. |
| 4. *Place of Birth, (Street and Number)* | Proctor st. 1113. |
| 5. *Full Name of Mother,* | Kate Reynolds |
| 6. *Mother's Maiden Name,* | Kate Murphy |
| 7. *Mother's Birthplace.* | Baltimore |
| 8. *Full Name of Father,* | John B. Reynolds |
| 9. *Father's Occupation,* | Car Inspector |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm Cunningham |
| *Address,* | |
| *Remarks,* | |

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1236.]

Health. This Section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84601

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* –

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25th 1877
4. *Place of Birth, (Street and Number)* 813 Hillen St
5. *Full Name of Mother,* Theresa Downey
6. *Mother's Maiden Name,* Theresa Canty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John F Downey
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other person who makes this Return, Dr. Josephine Bucca

*Address,* 1051 Aisquith St

*Remarks,*

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# RETURN OF A BIRTH 84602

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28th 1897
4. *Place of Birth, (Street and Number)* N.E. Cor Etting and Baker Sts
5. *Full Name of Mother,* Mary Slater
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard Slater
9. *Father's Occupation,* Barber per
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant, or other person who makes this Return.* C Ulman Smith MD

*Address,* 1701 Druid Hill Ave

*Remarks,*

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been conferred) its sex, color, the full name and occupation of the said schedule shall be delivered, duly signed by the practitioner, and third day of each and every month to the office of the Commissioner shall occur without the attendance of a physician or practitioner in attendance upon the mother, immediately thereafter it shall be the child to report its birth to the Commissioner of Health, in the manner any such person or persons who shall hereafter fail to comply with jected to the fine of ten (10) dollars for each offense, to be recoverable.

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# RETURN OF A BIRTH. 24603

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 28th 1897
4. *Place of Birth, (Street and Number)* 1245 William St
5. *Full Name of Mother,* Margret Baumiller
6. *Mother's Maiden Name,* Margret Hart
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Baumiller
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, E & J Brooks

*Address,* 1828 Light St

*Remarks,* Dairy Well

8970004246

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84604

CERTIFICATE CORRECTED 2-1-1960

To the Office of ~~Registrar~~ of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~Sterling~~ Nichols

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th July 1897
4. Place of Birth, (Street and Number) 102 E Hart ave
5. Full Name of Mother, Maggie S. (~~Sterling~~) Nichols
6. Mother's Maiden Name, Maggie S. (~~Flemings~~) Fleming
7. Mother's Birthplace, Balto Md
8. Full Name of Father, (Zachariah) (~~Sterling~~) Nichols
9. Father's Occupation Oyster Packer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, C & L Brooks

Address, 28 Light st

Remarks, Doing Well

8970004247

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall hereafter occur in the City of Baltimore shall be registered, and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84605

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 28th July 1897 |
| 4. *Place of Birth, (Street and Number)* | Clement St. No 1530 |
| 5. *Full Name of Mother,* | Augusta Rosenmor |
| 6. *Mother's Maiden Name,* | " " Mengenson |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Otto Rosenmor |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germania |
| *Name of Medical Attendant,* or other person who makes this Return, | Lizzie Schaffler |
| *Address,* | E. Fort Ave. No 1708 L. P. |
| *Remarks,* | |

8970004248

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84606

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 29/07 |
| 4. *Place of Birth, (Street and Number)* | 1907 Sherwood Ave. |
| 5. *Full Name of Mother,* | Annie M. Howe |
| 6. *Mother's Maiden Name,* | Annie M. Wilson |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Thos. Howe, |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto, Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | L. Hartwell M.D. |
| *Address,* | 2348 Madison Avenue |
| *Remarks,* | Born 10.30 P.M. |

8 9 7 0 0 0 4 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84607

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29th July 1899
4. *Place of Birth, (Street and Number)* 1826 Byrd St
5. *Full Name of Mother,* Louisa Young
6. *Mother's Maiden Name,* Louisa Pennington
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Young
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, E. A. Brooks

*Address,* 1828 Light St

*Remarks,* Living Well

8970004250

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84608

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 29 of July 1897
4. Place of Birth, (Street and Number) 673 Columbia Ave
5. Full Name of Mother, Lizzie Louisa Bedford.
6. Mother's Maiden Name, " Muth.
7. Mother's Birthplace, Frankfurt Germany.
8. Full Name of Father, William Henry Bedford.
9. Father's Occupation Barman.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, # 711 Cross St.

Remarks,

8970004251

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitnres are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84609

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. Any person who shall refuse or neglect to make return of any birth within the time required by law, or who shall make any false return of any birth, or who shall refuse or neglect to furnish any information required by the Commissioner of Health, or who shall refuse or neglect to comply with any of the provisions of this section, shall be guilty of a misdemeanor, and shall be fined not less than five dollars nor more than fifty dollars for each offence.

The Commissioner of Health shall cause to be printed and furnished to each physician, midwife, or other person who shall register births, blank forms of return, which shall contain such questions as may be required to procure the registration of births in accordance with the provisions of this section. Such return shall be made out in the form prescribed by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 29 — 1897
4. *Place of Birth, (Street and Number)* 1646 Mulican St.
5. *Full Name of Mother,* Julia Miller
6. *Mother's Maiden Name,* McCoy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Pratt St.

*Remarks,*

8970004252

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

GIVEN NAME ADDED 11-7-57

# RETURN OF A BIRTH. 84610

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Edward ~~Perry~~ Perry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 29 1897
4. Place of Birth, (Street and Number) 2210 E Chase
5. Full Name of Mother, Kate Perry
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Eli Perry
9. Father's Occupation Bricklayer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return,

Address, [illegible]

Remarks,

8 9 7 0 0 0 4 2 5 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 84611

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29 1897
4. *Place of Birth, (Street and Number)* 1421 Eastern Ave
5. *Full Name of Mother,* Mary Wilkie
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Henry Wilkie
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. E. Scherman.

*Address,* 42. Allemande St

*Remarks,*

8970004254

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84612

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second 2.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~October~~ July the 29 1897
4. *Place of Birth, (Street and Number)* 31 E Henrietta st
5. *Full Name of Mother,* Birdie Lansdell - Wentworth
6. *Mother's Maiden Name,* Birdie Lansdell Edwards
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Edward Lee Wentworth
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Imogene A. Lambert

*Address,* 122 E Cross st

*Remarks,* Mother and Baby doing well

8 9 7 0 0 0 4 2 5 5

Wm J. C. Dulany Co., City Printers and Stationers.

...on of its parents, the date and place of birth; and the ...tioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]

# RETURN OF A BIRTH. 84643

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27th 1877
4. Place of Birth, (Street and Number) 2048 Baker st
5. Full Name of Mother, Anna Ritter
6. Mother's Maiden Name, Anna Curtz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Ritter
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Braun

Address, 1600 N. Chester st

Remarks,

8 4 7 0 0 0 4 2 5 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84614

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 8

1. Sex, (state whether ~~male or~~ female) female
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, 29 of July 1897 at 10 min of 11 o'clock P.m.
4. Place of Birth, (Street and Number) 805 McDonough street
5. Full Name of Mother, Laura Parker
6. Mother's Maiden Name, Faton
7. Mother's Birthplace, Fredrick County m d
8. Full Name of Father, Graeph Parker
9. Father's Occupation labor
10. Father's Birthplace, Baltimore city m d

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Corper

Address, 920 Shuter Sotter

Remarks, Mother and daughter both are well

8470004257

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84615

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21 1897
4. *Place of Birth, (Street and Number)* 21 E. Eutaw St.
5. *Full Name of Mother,* Louise Schuchmann
6. *Mother's Maiden Name,* Louise Bellemann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schuchmann
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Wm. Hasenstab Jr.

*Address,* 2225 Eutaw St. Balto. Md.

*Remarks,*

8970004258

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84616

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 29th 1900
4. Place of Birth, (Street and Number) 1110 Penn Street
5. Full Name of Mother, Kate Johnson
6. Mother's Maiden Name, Kate Jenkins
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Gilbert Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eaton Ave Balto Md

Remarks,

8970004259

Wm. J. C. Dulany Co., City Printers and Stationers.

month, an entry set forth as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84617

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | White |
| 2. *Race or color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 29th 1899 |
| 4. *Place of Birth, (Street and Number)* | 839 W. Lombard St |
| 5. *Full Name of Mother,* | Mary Mosley |
| 6. *Mother's Maiden Name,* | " Sullivan |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Jonathan Mosley |
| 9. *Father's Occupation,* | Police Officer |
| 10. *Father's Birthplace,* | Montgomery Co Md |
| *Name of Medical Attendant,* or other person who makes this Return. | A L Spiacens |
| *Address,* | 550 W. Lombard St |
| *Remarks,* | |

8970004260

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORIG. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 84 618

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29th 1897
4. Place of Birth, (Street and Number) 1119 N Madeira St
5. Full Name of Mother, Laura Gross
6. Mother's Maiden Name, Laura Pluggkamp
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gross
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1726 Eastern Ave Balto Md

Remarks,

8970004261

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84619

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother.* (*state whether* 1*st*, 2*d*, 3*d*, &c.) | 2d |
| 1. *Sex,* (*State whether male or female*) | Female |
| 2. *Race or color,* (*if not of the white race*) | White |
| 3. *Date of Birth,* | July 29/84 |
| 4. *Place of Birth.* (*Street and Number*) | 1710 Retreat St Baltimore |
| 5. *Full Name of Mother,* | Bertie A Hanlin |
| 6. *Mother's Maiden Name,* | Bertie A Gentner |
| 7. *Mother's Birthplace,* | Baltimore County |
| 8. *Full Name of Father,* | William T Hanlin |
| 9. *Father's Occupation,* | Cabin Maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return | A M Poles |
| *Address,* | 1710 Retreat St City |
| *Remarks,* | |

8470004262

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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# RETURN OF A BIRTH. 84620

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 29th 1897

4. Place of Birth, (Street and Number) 1505 Riviera Ave.

5. Full Name of Mother, Emma A. Miller

6. Mother's Maiden Name, " " Williams

7. Mother's Birthplace, Annapolis Md.

8. Full Name of Father, Edward N. Miller

9. Father's Occupation Ship Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Rosa L. C. Lebish M.D.

Address, 1458 Riviera Ave.

Remarks,

8970004263

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84621

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 29 1897
4. Place of Birth, (Street and Number) No 932 Hoyt St
5. Full Name of Mother, Katie Hartz
6. Mother's Maiden Name, meyer
7. Mother's Birthplace, germany
8. Full Name of Father, August Hartz
9. Father's Occupation Butcher
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, Alice Blum

Address, Colvin St near Kirby Lane

Remarks,

8970004264

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 84622

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29 1917
4. Place of Birth, (Street and Number) 816 N. Pratt St.
5. Full Name of Mother, Christena E. Hughes
6. Mother's Maiden Name, Endel
7. Mother's Birthplace, Balto
8. Full Name of Father, Daniel J. Huges
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. H. Kefner, M.D.

Address, 723 N. Lombard St.

Remarks,

8970004265

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84623

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2nd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29 /97
4. Place of Birth, (Street and Number) #727 South Ann St
5. Full Name of Mother, Maggie Harcledet.
6. Mother's Maiden Name, Maggie Williamson.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Harcledet.
9. Father's Occupation Laborer.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Biegan.

Address, #721 South Ann St

Remarks, 8970004266

Wm. J. C. Dulany Co., City Printers and Stationers.

...Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner of the person or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84624

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29 1897
4. *Place of Birth, (Street and Number)* 537 N. Luzerne st.
5. *Full Name of Mother,* Pepi Strauss
6. *Mother's Maiden Name,* Klein
7. *Mother's Birthplace,* Hungary
8. *Full Name of Father,* Bernhardt Strauss
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Hungary

*Name of Medical Attendant,* or other person who makes this Return, Robt. P. G. Schmidt M.D.

*Address,* 1458 Rinaldi Av.

*Remarks,*

8970004267

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH 84625

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second. |
| 1. *Sex, (State whether male or female)* | Female |
| 2. *Race or color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | July 29. 1897. |
| 4. *Place of Birth, (Street and Number)* | 2034 N. Calvert St. |
| 5. *Full Name of Mother,* | Mary Davison McAden |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | North Carolina. |
| 8. *Full Name of Father,* | Edward W. Davison. |
| 9. *Father's Occupation,* | Merchant |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Hanckel M.D. |
| *Address,* | 921 Cathedral St |
| *Remarks,* | |

8970004268

Rules, and duties set forth as far as the same can be ascertained from the full name of each child, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84626

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 29th 1897
4. *Place of Birth, (Street and Number)* 105 E. Montgomery St
5. *Full Name of Mother,* Virginia Crockett
6. *Mother's Maiden Name,* " Cross
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Humphry Crockett
9. *Father's Occupation* Steamboat Captain
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Dr. Lauer & Bareday Md

*Address,* 220 N. Monument St

*Remarks,*

8 7 7 0 0 0 4 2 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84627

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1726 E Dowsand St.

4. Place of Birth, (Street and Number) July 29th, 1897

5. Full Name of Mother, Julia Klotz,

6. Mother's Maiden Name, Julia Bierman.

7. Mother's Birthplace, Baltimore Md,

8. Full Name of Father, George Klotz,

9. Father's Occupation Clerk

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S.W. Cor. Calvert & Preston Sts,

Remarks,

8 9 7 U 0 0 4 2 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84628

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 29, 1897
4. Place of Birth, (Street and Number) 2640 Huntingdon Ave Balto
5. Full Name of Mother, Margarette Cecellia Carney
6. Mother's Maiden Name, Margarette Cecellia Carney
7. Mother's Birthplace, Woodberry, Balto Co.
8. Full Name of Father, William Pirrie
9. Father's Occupation Street Car Conductor
10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return, Albert G Shelley M.D.

Address, 3426 Chestnut Ave Hampden.

Remarks, Illegitimate Child Age of Mother 18 years

8970004271

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84629

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro.
3. *Date of Birth* July 29th
4. *Place of Birth, (Street and Number)* 1118 Shields Alley.
5. *Full Name of Mother,* Mary White.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Buckingham Co. Va.
8. *Full Name of Father,* Joe Tilghman
9. *Father's Occupation,* Waiter.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other Person who makes this Return. M. A. Mullen

*Address,* 1711 Madison Ave.

*Remarks,*

8 9 7 0 0 0 4 2 7 2

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been christened), duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

GIVEN NAME ADDED 8-11-59

# RETURN OF A BIRTH 84630

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harold Dulany Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 97.
4. Place of Birth, (Street and Number) 623 N. Biddle St
5. Full Name of Mother, Dora Smith
6. Mother's Maiden Name, Dora Quigley
7. Mother's Birthplace, Md
8. Full Name of Father, Joshua Smith
9. Father's Occupation, Clerk
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, C. K. Lamb M.D.

Address, 1202 Argyle Ave

Remarks,

8 9 7 0 0 0 4 2 7 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Boards, and shall state such as he is the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84631

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 30 1857
4. *Place of Birth, (Street and Number)* 220 Gilmor Avenue
5. *Full Name of Mother,* Lizzie Schleisler
6. *Mother's Maiden Name,* Binder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schleisler
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Hyman Hurwitz M.D.

*Address,* 237 Gilmor Avenue

*Remarks,*

8970004274

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84632

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 L

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 1877
4. Place of Birth, (Street and Number) 1110 William st
5. Full Name of Mother, Annie Schaller
6. Mother's Maiden Name, Mueller
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Sarah
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carlos Schwartz

Address, 734 Fort Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84633

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 30-97
4. Place of Birth, (Street and Number) 824 McAlers Court
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Andrew Brown
9. Father's Occupation Oyster shucker
10. Father's Birthplace, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, G. L. Hunner M.D.

Address, Johns Hopkins Hospital.

Remarks,

8970004276

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84634

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1897

4. Place of Birth, (Street and Number) 1535 Light St.

5. Full Name of Mother, Annie Koch

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Edward Koch

9. Father's Occupation Butcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Cruickshanks

Address, #2225 Light St. Baltimore, Md.

Remarks,

8970004277

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84635

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 30. 6 o'clock A. M.
4. Place of Birth, (Street and Number) 752 St. Peter Street.
5. Full Name of Mother, Mary Brown,
6. Mother's Maiden Name, Allen,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Henry Brown,
9. Father's Occupation Laborer.
10. Father's Birthplace, Washington,

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kenna / for the Mothers Relief Society

Address, 1412 Sutton Place.

Remarks,

18970004278

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Physician who shall attend at the birth of any child, or in case there shall be no such attendant, then the person who shall make a return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84 636

CERTIFICATE CORRECTED 6-8-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna C. ~~Hinkleman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 1st July 1897
4. Place of Birth, (Street and Number) 131 S Dallas St
5. Full Name of Mother, Mary Hinkleman
6. Mother's Maiden Name, " Frank
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Hinkleman
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm R Ellis

Address, 1802 E Lexington St

Remarks,

1897000004279

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as near as the same can be ascertained the date and place of birth, and the name, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84637

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* III

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* July 14 1897
4. *Place of Birth, (Street and Number)* John Hopkins Hospital
5. *Full Name of Mother,* Eliza Muse
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. McLaughlin
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Winfield Adams M.D

*Address,* John Hopkins Hospital Baltimore Md

*Remarks,*

1 8 9 7 0 0 0 4 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84658

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1897
4. *Place of Birth, (Street and Number)* John Hopkins Hapital
5. *Full Name of Mother,* Sophie Galley
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. H. Galley
9. *Father's Occupation* Candy - Maker
10. *Father's Birthplace,* Md

*Name of Medical Attendant, or other person who makes this Return,* Wm. J. Dulany M.D.

*Address,* John Hopkins Hapital. Baltimore Md

*Remarks,*

8970004281

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84639

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1897
4. Place of Birth, (Street and Number) John Hopkins Hospital
5. Full Name of Mother, Etta Beckman
6. Mother's Maiden Name, —
7. Mother's Birthplace, Md
8. Full Name of Father, G. Harlan
9. Father's Occupation Farmer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mc Dulany Md

Address, Johns Hopkins Hospital, Baltimore, Md

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970004282

Wm. J. C. Dulany Co,. City Printers and Stationers.

[M 1236.]

# RETURN OF A BIRTH. 84640

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5th 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Grace West
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Gleason
9. Father's Occupation Union Trans. Co.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mitchell Cabaniss M.D.

Address, Johns Hopkins Hospital Baltimore Md

Remarks,

8970004283

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84641

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1022 Hilzmann st
4. Place of Birth, (Street and Number) 6 July 1897
5. Full Name of Mother, Mary Conor Kennedy
6. Mother's Maiden Name, Conor
7. Mother's Birthplace, Balt.
8. Full Name of Father, Dennis Kennedy
9. Father's Occupation —
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W. Cat St.

Remarks,

8970004284

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, as near as may be, as the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84642

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male (Frank P Hart)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 8th, 1897
4. Place of Birth, (Street and Number) 103 N Gilmore St
5. Full Name of Mother, Mrs Willie Reeves Hart
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Lee Hart
9. Father's Occupation Salesman
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, D. D. Cummings
Address, 11 N Carey St
Remarks, Dr Cummings
Frank P. Hart

18970004285

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers & Stationers.

1236.]

GIVEN NAME ADDED 5-23-58 84643

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Catherine Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 9th 1897
4. Place of Birth, (Street and Number) John Hopkins Hospital
5. Full Name of Mother, Rosa Bell
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney MD

Address, John Hopkins Hospital, Baltimore, Md.

Remarks,

8970004286

Wm. J. C. Dulany Co,. City Printers and Stationers.

Boards of Health are to ascertain the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84644

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan 9th 1897
4. Place of Birth, (Street and Number) John Hopkins Hospital
5. Full Name of Mother, Cora Bailey
6. Mother's Maiden Name, a Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benj. Bailey
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm McDaboy M.D.

Address, John Hopkins Hospital Baltimore, Md.

Remarks,

8 9 7 0 0 0 4 2 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84645

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Jan 12th 1897
4. Place of Birth, (Street and Number) Johns Hopkins Hospital
5. Full Name of Mother, Louisa Marcotte
6. Mother's Maiden Name, Wade
7. Mother's Birthplace, Maryland
8. Full Name of Father, Geo. Marcotte
9. Father's Occupation Actor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Dabney M.D.

Address, Johns Hopkins Hospital, Baltimore Md

Remarks,

8970004288

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

# RETURN OF A BIRTH. 84646

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male Female
2. Race or Color, (if not of the white race) ~~Negro~~ White
3. Date of Birth, July 14th 1897
4. Place of Birth, (Street and Number) John Hopkins Hospital
5. Full Name of Mother, Mary Finck
6. Mother's Maiden Name,
7. Mother's Birthplace, New York
8. Full Name of Father, Henry Finck
9. Father's Occupation Bottle Stopper Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. Dulany M.D.

Address, John Hopkins Hospital. Baltimore Md

Remarks,

8970004289

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 84647

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 15 " 97 |
| 4. *Place of Birth, (Street and Number)* | 337 S Eutaw |
| 5. *Full Name of Mother,* | Mrs Florence Elmer Ogle |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Charles Ogle |
| 9. *Father's Occupation* | R.R. |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return,* | G. E. Lemmick |
| *Address,* | 11 N Carey St. |
| *Remarks,* | |

8970004290

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter and within the period above required, and shall occur without the attendance of a physician or practioner it shall become the duty of the person above required, and third day of each month to the physician or practioner to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 84648

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, Born on the 16th July 97

4. Place of Birth, (Street and Number) 516 Baker Street Baltimore

5. Full Name of Mother, Cathren N Hacket

6. Mother's Maiden Name, Cathren N Burgess

7. Mother's Birthplace, Woodsville Prince George County Md

8. Full Name of Father, Charlie Marshall Hacket

9. Father's Occupation waiter

10. Father's Birthplace, Barnesville Montgomery County

Name of Medical Attendant, or other person who makes this Return, Dr E Dorsey

Address, 1617 W Baltimore

Remarks,

8970004291

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 8A649

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 17th
4. Place of Birth, (Street and Number) 1911 E Fayette St
5. Full Name of Mother, Maggie Malony
6. Mother's Maiden Name, McGinniss
7. Mother's Birthplace, Balto.
8. Full Name of Father, Robert Malony
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs R Killig

Address, 1302 E Lexington St

Remarks,

8970004292

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person lie in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84650

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Gof

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 18 July

4. *Place of Birth, (Street and Number)* 1216 Lanvale st

5. *Full Name of Mother,* Emilie Kemp

6. *Mother's Maiden Name,* = Schmitt

7. *Mother's Birthplace,* Ball.

8. *Full Name of Father,* Georges Kemp

9. *Father's Occupation* =

10. *Father's Birthplace,* Ball.

*Name of Medical Attendant,* or other person who makes this Return, Anna Walker

*Address,* 928 W Central Av.

*Remarks,*

8970004293

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84651

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | June 18 |
| 4. Place of Birth, (Street and Number) | 206 S Payson St |
| 5. Full Name of Mother, | Mrs Annie Green Glestin |
| 6. Mother's Maiden Name, | " |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | Howard Glestin |
| 9. Father's Occupation | Stamper |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | S. S. Cummings |
| Address, | 11 N Carey St |
| Remarks, | |

8970004294

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have
...upation of its parents, the date and place of birth; and the
...practitioner in the form of a certificate between the first and
...the Commissioner of Health. In case the birth of any child
...r practitioner of midwifery, or should no other person be in
...r it shall become the duty of the person or parents of such
...th, in the manner and within the period above required, and
...o comply with the provisions of this section shall be sub-
...to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# BIRTH. 84652

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Rosa Burbage
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edward Burbage
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Wm McDaloney M.D

*Address,* Johns Hopkins Hospital Baltimore Md

*Remarks,*

Wm. J. C. Dulany Co,. City Printers and Stationers.

# CORRECTION

**The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.**

**STATE OF MARYLAND**

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

[236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# BIRTH. 84652

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Rosa Burbage
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edward Burbage
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Jesse Dalrymple M.D.

*Address,* John Hopkins Hospital Baltimore Md

*Remarks,* 1897000 4295

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84653

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (~~state whether 1st, 2d, 3d, &c.~~) .....

1. *Sex,* (~~state whether male or~~ *female*) .....
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~) .....
3. *Date of Birth,* July 19. 1897
4. *Place of Birth,* (*Street and Number*) 1418 N. Laurens
5. *Full Name of Mother,* Estella S Logan
6. *Mother's Maiden Name,* " " Loring
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. H. Logan
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Theodore Cooke M.D.

*Address,* 914 N. Charles St.

*Remarks,* .....

8970004296

Wm. J. C. Dulany Co., City Printers and Stationers.

...and occupation of its parents, the date and place of birth, and the ...d by the Practitioner in the form of a certificate between the first and ...office of the Commissioner of Health. In case the birth of any child ...ysician or practioner of midwifery, or should no other person be in ...thereafter it shall become the duty of the person or parents of such ...r of Health, in the manner and within the period above required, and ...after fail to comply with the provisions of this section shall be sub... offence, to be recovered as other fines and forfeitures are recoverable.

...been entered; its sex, color, the full name and ... said schedule shall be delivered duly signed by the ... third day of each and every month to the office ... shall occur without the attendance of a physician ... attendance upon the mother, immediately thereaft... child to report its birth to the Commissioner of Hea... any such person or persons who shall hereafter fail ... jected to the fine of ten (10) dollars for each offence,

1236

# RETURN OF A BIRTH. 84654

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 20 July
4. Place of Birth, (Street and Number) 670 E Harford Av.
5. Full Name of Mother, Emma Meyers
6. Mother's Maiden Name, Desh
7. Mother's Birthplace, Balt.
8. Full Name of Father, Harry Meyers
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walters

Address, 928 W Cent Av.

Remarks,

+ 8970004297

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84655

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) 1427 Wolbrook St
5. Full Name of Mother, Lizie Spahn
6. Mother's Maiden Name, = Muller
7. Mother's Birthplace, Balt.
8. Full Name of Father, Conrad Spahn
9. Father's Occupation =
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 W Eutaw St.

Remarks,

8970004298

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84666

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 July

4. Place of Birth, (Street and Number) 1401 E Tholbrook st

5. Full Name of Mother, Kate Schriefer

6. Mother's Maiden Name, = Kirchner

7. Mother's Birthplace, Germ.

8. Full Name of Father, Joseph Schriefer

9. Father's Occupation shoemacher

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W Central Av.

Remarks,

18970004299

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84657

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 July
4. *Place of Birth, (Street and Number)* 1247 E Eager st
5. *Full Name of Mother,* Magie Liechenstein
6. *Mother's Maiden Name,* = Muller
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Adam Liechenstein
9. *Father's Occupation*
10. *Father's Birthplace,* Germ.

*Name of Medical Attendant,* or other person who makes this Return, Anna Walter

*Address,* 928 W Centrel Av.

*Remarks,*

8970004300

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84658

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24th 97 (July 24th 97)

4. Place of Birth, (Street and Number) 2422½ Pennsylvania ave.

5. Full Name of Mother, Florence A. Rausch

6. Mother's Maiden Name, Florence A. Thiemeyer

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Frederick A. Rausch

9. Father's Occupation Dairy Man.

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1703 W. Fayette st.

Remarks, 8970004301

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84659

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, July 25. 1897
4. Place of Birth, (Street and Number) Chilton St. No. 115
5. Full Name of Mother, Lavinia Tyler.
6. Mother's Maiden Name, " Wilson.
7. Mother's Birthplace, Philadelphia.
8. Full Name of Father, Chas. Henry Tyler.
9. Father's Occupation None.
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. L. Downes M.D.

Address, 908 N. Fayette St.

Remarks,

8970004302

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84660

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 414 A 25 July
4. *Place of Birth, (Street and Number)* 414 N. Dallas St
5. *Full Name of Mother,* Nellie Galoway
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Edward Galoway
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs R Illig

*Address,* 802 E Lexington St

*Remarks,*

8970004303

Wm. J. C. Dulany Co., City Printers and Stationers.

Number of births to be returned as soon as the same can be ascertained, but not more than ten days after birth of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84661

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27 July
4. *Place of Birth, (Street and Number)* 214 N. Eden St
5. *Full Name of Mother,* Annie Louise Hagan
6. *Mother's Maiden Name,* " " Lahtz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Hagan
9. *Father's Occupation* Fish dealer
10. *Father's Birthplace,* Balto Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs R. Ulbrig

*Address,* 1302 E Lexington St

*Remarks,*

8970004304

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 84662.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28th 1897
4. *Place of Birth, (Street and Number)* Johns Hopkins Hospital
5. *Full Name of Mother,* Lizzie Simpson
6. *Mother's Maiden Name,* Mary Land
7. *Mother's Birthplace,* Jno Callaghan
8. *Full Name of Father,* Farmer
9. *Father's Occupation* Mary Land
10. *Father's Birthplace,* Wm McDaboy M.D.

*Name of Medical Attendant,* or other person who makes this Return,

*Address,* Johns Hopkins Hospital Baltimore Md

*Remarks,*

8 9 7 0 0 0 4 3 0 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, or should no other person or parents of such child to report its birth as aforesaid within the period above required, and it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84663

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 28 1897
4. Place of Birth, (Street and Number) 1324 Wheatsort.
5. Full Name of Mother, Celia Woodland
6. Mother's Maiden Name, Celia Young
7. Mother's Birthplace, St Mary's County Md.
8. Full Name of Father, Joseph Columbus Woodland
9. Father's Occupation Laborer
10. Father's Birthplace, St Marys county Maryland

Name of Medical Attendant, or other person who makes this Return, Maggie Jones

Address, 1337 Wheatsort St.

Remarks,

8970004306

been completed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84664

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 July
4. Place of Birth, (Street and Number) 1710 E Christal Av.
5. Full Name of Mother, Magie Reily
6. Mother's Maiden Name, = Becker
7. Mother's Birthplace, Balt.
8. Full Name of Father, Georges W. Reily
9. Father's Occupation plumber
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N Ann Av.

Remarks,

8970004307

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the maiden name of the mother, as far as the same can be ascertained by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. #4665

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 30 July
4. Place of Birth, (Street and Number) Vine St 3122
5. Full Name of Mother, Rosa Weldon
6. Mother's Maiden Name, Rosa Smith
7. Mother's Birthplace, Pikeville Ky
8. Full Name of Father, Charles Henry Weldon
9. Father's Occupation Coal
10. Father's Birthplace, Pikeville Ky

Name of Medical Attendant, or other person who makes this Return, Name Correct

Address, 877 Boyd

Remarks,

8970004308

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84666

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* boy

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* 730 July

4. *Place of Birth, (Street and Number)* 1809 E Baltimore st

5. *Full Name of Mother,* Anna Clara

6. *Mother's Maiden Name,* = Dressel

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Christ Obert

9. *Father's Occupation* painter

10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other person who makes this Return, Anna Wolber

*Address,* 928 W Pratt St.

*Remarks,*

8970004309

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84667

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th, 1897
4. Place of Birth, (Street and Number) 2462 Belmont Ave.
5. Full Name of Mother, Marguerite Edith Dorsey
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Eckhart (Middletown) Balt. Co., Md.
8. Full Name of Father, Enoch Nelson Dorsey
9. Father's Occupation Engraver
10. Father's Birthplace, Same as wife's.

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

8970004310

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84688

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* July 21st 1897
4. *Place of Birth, (Street and Number)* 711 S. Ann St
5. *Full Name of Mother,* Cecilia Schenk
6. *Mother's Maiden Name,* Cecilia Zinn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Schenk
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Emma Mc

*Address,* 2225 Orleans St Balto. Md.

*Remarks,*

8970004311

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84669

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July Thu 30-1897 |
| 4. *Place of Birth, (Street and Number)* | Nina St N° 3 |
| 5. *Full Name of Mother,* | Teresa Falter |
| 6. *Mother's Maiden Name,* | Teresa Schalitzky |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Antone Falter |
| 9. *Father's Occupation* | Confectioner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | N° 1932 Wilkins Ave |
| *Remarks,* | |

8970004312

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84670

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th. |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 30 th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 119 3 Street |
| 5. *Full Name of Mother,* | Anna Tomass. |
| 6. *Mother's Maiden Name,* | Zukanek |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | Georck Tomass. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs P. Liessemann |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | |

8970004313

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84671

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30 1897 |
| 4. *Place of Birth, (Street and Number)* | 217 Front St. |
| 5. *Full Name of Mother,* | Bessie Goldberg |
| 6. *Mother's Maiden Name,* | " Denovitz |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Israel Goldberg |
| 9. *Father's Occupation* | Cigarmaker |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Ickerman |
| *Address,* | 72. Albemarle St. |
| *Remarks,* | |

8970004314

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

# RETURN OF A BIRTH. 84672

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thelma T. Buffington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1897.
4. Place of Birth, (Street and Number) 1734 E. Preston st
5. Full Name of Mother, Elizabeth A. Buffington
6. Mother's Maiden Name, " " Thompson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jesse L. Buffington
9. Father's Occupation Clerk
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M. D.

Address,

Remarks,

8970004315

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth, as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84673

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 30 1897
4. *Place of Birth, (Street and Number)* Bradley St 712
5. *Full Name of Mother,* Emma Thomas
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Chambersburg Pa
8. *Full Name of Father,* Henry Jackson
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* M. L. Todd

*Address,* Md. Gen. Hospital

*Remarks,*

8970004316

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236.]

# RETURN OF A BIRTH. 84674

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 22 1897

4. *Place of Birth, (Street and Number)* No. 40 Patterson Park Ave.

5. *Full Name of Mother,* Kate Haesslinger

6. *Mother's Maiden Name,* Eichers Green

7. *Mother's Birthplace,* Philadelphia Pa.

8. *Full Name of Father,* Louis Haesslinger

9. *Father's Occupation* Gilder

10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Mamie Kennedy M.D. Asst

*Address,* No. 114 S. Bridle

*Remarks,*

8970004317

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# RETURN OF A BIRTH. 84675

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 2d " |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30 " - 97. |
| 4. *Place of Birth, (Street and Number)* | 829 W. Barre |
| 5. *Full Name of Mother,* | Lillian Pfeiffer |
| 6. *Mother's Maiden Name,* | " Schwartz |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Charles G. Pfeiffer |
| 9. *Father's Occupation* | Cutter |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Li. L. Buddenbohn |
| *Address,* | 418 S. Paca St. |
| *Remarks,* | |

8970004318

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 84676

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30 th 1897
4. Place of Birth, (Street and Number) 1127 " Brighton St.
5. Full Name of Mother, Sarah Holten
6. Mother's Maiden Name, Sarah Williams
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Holtin
9. Father's Occupation, Stevedore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Goldsborough

Address, 1115 Division Street

Remarks,

8970004319

and shall enter the same as they have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without immediately thereafter it shall become the duty of the person or parents of such person be in attendance upon the mother, immediately within the period above required, and any such person report its birth to the Commissioner of Health, in the manner and within the time aforesaid, and shall be subjected to the fine of ten (10) dollars or persons who shall hereafter fail to comply with the provisions of this section, for each offense to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84677

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 30. 1897 |
| 4. *Place of Birth, (Street and Number)* | 233 Plum alley |
| 5. *Full Name of Mother,* | Hattie Robinson |
| 6. *Mother's Maiden Name,* | Hattie Williams |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Lafe George Williams |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Norfolk Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Abella Brooks |
| *Address,* | 1152 Warren Street |
| *Remarks,* | Wallace can be reputed |

8970004320

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# RETURN OF A BIRTH. 84678

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th,
4. Place of Birth, (Street and Number) 1782 W. Bethel st.
5. Full Name of Mother, Mary Agnes Murphy
6. Mother's Maiden Name, Mary Agnes Kelly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph George Murphy
9. Father's Occupation Blacksmith
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 10.00 E. Kaufman St.

Remarks,

8970004321

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84679

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 30/97.

4. Place of Birth, (Street and Number) 543 Angela Ave,

5. Full Name of Mother, Laura V. Wright

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Balto Co. Md.

8. Full Name of Father, Jno. W. Wright

9. Father's Occupation Policeman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

8970004322

month, and shall set forth as near as may be the name and occupation of its parents, the date and place of birth, and whether it has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or should no one of such persons be in attendance, the father or parents of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no one of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84680

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1897
4. Place of Birth, (Street and Number) 1109 E. Fort Ave.
5. Full Name of Mother, Katerina Lisiakofski
6. Mother's Maiden Name, " Virtuck
7. Mother's Birthplace, Poland (Russian)
8. Full Name of Father, Anton Lisiakofski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland (Russian)

Name of Medical Attendant, or other person who makes this Return, Robt. P. A. Schmidt M.D.

Address, 1458 Riviera Ave.

Remarks,

1 8 9 7 0 0 0 4 3 2 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84681

GIVEN NAME ADDED,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Buddie Lee Childs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th 1897
4. Place of Birth, (Street and Number) 1517 Ensor St
5. Full Name of Mother, Elizabeth Hunt Childs
6. Mother's Maiden Name, Elizabeth Able
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Thomas Bond Childs
9. Father's Occupation, Workman N Central R.R.
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Donna Ann Waldron M.D.

Address, 928 Madison Ave

Remarks,

1 8 9 7 0 0 0 4 3 2 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

# RETURN OF A BIRTH. 84682

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 30 1897
4. *Place of Birth, (Street and Number)* 626 S Fremont Ave
5. *Full Name of Mother,* Lucy Woodall.
6. *Mother's Maiden Name,* Lucy Bucey.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William L Woodall
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Thos. McCumpston

*Address,*

*Remarks,*

8 4 7 0 0 0 4 3 2 5

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

CERTIFICATE CORRECTED 4-10-64

# RETURN OF A BIRTH. 84683

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rebecca Schapiro

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30 1897
4. Place of Birth, (Street and Number) 805 Fox St
5. Full Name of Mother, Mary ([redacted]) Schapiro
6. Mother's Maiden Name, " Gertz
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris ([redacted]) Schapiro
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Albemarle St.

Remarks,

8 9 7 0 0 0 4 3 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of births, who shall enter the same on blanks of a schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84684

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30th
4. Place of Birth, (Street and Number) 1001 Edmondson Ave
5. Full Name of Mother, Mrs Mary Magdalen McGraw
6. Mother's Maiden Name, Foley
7. Mother's Birthplace, City
8. Full Name of Father, Edmund J. McGraw
9. Father's Occupation, Druggist
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, R F Dill M D.

Address, 1200 Madison Ave

Remarks, —

8 9 7 0 0 0 4 3 2 7

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said Schedule shall be renewed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84685

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1714 Presstman St Balto Md |
| 5. *Full Name of Mother,* | Ella Woodward |
| 6. *Mother's Maiden Name,* | Ella Crise |
| 7. *Mother's Birthplace,* | Frederick Co Md |
| 8. *Full Name of Father,* | William D Woodward |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Philada Penna |
| *Name of Medical Attendant, or other person who makes this Return,* | |
| *Address,* | |
| *Remarks,* | |

8970004328

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner on the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in

84626

SEE CORRECTION BOOK

NAME: MARY E. BENDER

DATE OF BIRTH: JULY 30, 1897

PLACE OF BIRTH: BALTIMORE CITY

8 9 7 0 0 0 4 3 2 9

# RETURN OF A BIRTH. 84687

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 30th 1897.

4. Place of Birth, (Street and Number) 2217 Cambridge St.

5. Full Name of Mother, Elena Fodenova

6. Mother's Maiden Name, Fuster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar Hazenova

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Mary K. Taylor

Address, # 611 S. Patterson Park Ave

Remarks,

1897 0004330

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36.]

# RETURN OF A BIRTH. 84688

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Hubert Mullen

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | #1136 Bank St. W. Balto |
| 5. *Full Name of Mother,* | Theresa Mullen. |
| 6. *Mother's Maiden Name,* | Mercan. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Bert Mullen. |
| 9. *Father's Occupation* | Captain |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary H. Taylor. |
| *Address,* | #611 S. Patterson Pk. Ave Balto |
| *Remarks,* | |

8 9 7 0 0 0 4 3 3 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84689

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5t

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd of July 1897.
4. Place of Birth, (Street and Number) 105 Monford=Avenue
5. Full Name of Mother, Elisabeth Holzhaus
6. Mother's Maiden Name, Elisabeth Tack
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Bernhard Holzhaus
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle St

Remarks, ———

8970004332

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84690

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White - Russian
3. Date of Birth, July 30th '97
4. Place of Birth, (Street and Number) 1623 N. Exeter
5. Full Name of Mother, Minnie Frohman
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Mr. - Frohman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. E. Boynton M. D.

Address, 1158 E. Lombard St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 4 3 3 3

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

its parents, the date and place of birth, and the
been delivered; its sex, color, the full name and occupation of its par
r in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissioner of H
issioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of m
become the duty of the person or parents of such
attendance upon the mother, immediately thereafter it shall become
manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner
with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as
vered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84691

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30th July |
| 4. *Place of Birth, (Street and Number)* | 1007 E Chase St |
| 5. *Full Name of Mother,* | Annie Burns |
| 6. *Mother's Maiden Name,* | Annie Dempsie |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Thomas Burns |
| 9. *Father's Occupation* | Plumber |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Annie O Brien |
| *Address,* | 902 Greenmount ave |
| *Remarks,* | |

8970004334

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84692

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 30 1897 |
| 4. *Place of Birth, (Street and Number)* | 1015 N. Calhoun st |
| 5. *Full Name of Mother,* | Dora Alex Wright |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Howard Alex |
| 9. *Father's Occupation* | Clerk B & O R R |
| 10. *Father's Birthplace,* | Balto City |
| *Name of Medical Attendant,* or other person who makes this Return, | J Harvey Hartman |
| *Address,* | 807 N. Broadway |
| *Remarks,* | |

8970004335

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

MIDDLE NAME ADDED. 3-12-56

# RETURN OF A BIRTH. 82693

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Francis Lewis 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30. 1897
4. Place of Birth, (Street and Number) 127 Clement St
5. Full Name of Mother, Adeline V. Lewis
6. Mother's Maiden Name, Adeline V. Kirwin
7. Mother's Birthplace, Baltimore, md
8. Full Name of Father, John W. Lewis
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore, md

Name of Medical Attendant, or other person who makes this Return, Ellemore A. Anderson

Address, 1434 Patapsco St

Remarks,

8970004336

Wm. J. C. Dulany Co., City Printers and Stationers.

name, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84694

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2280 N Chapel Street |
| 5. *Full Name of Mother,* | Kate Grimmert |
| 6. *Mother's Maiden Name,* | Kate Riedel |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Riedel |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H. Brown Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8 9 7 U 0 0 4 3 3 7

Been conferred. His sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84695

**GIVEN NAME ADDED 3-3-66**

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: HENRY ~~THEODORE~~ REUWER

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30th of July 97. |
| 4. *Place of Birth, (Street and Number)* | 1932 Lemon St |
| 5. *Full Name of Mother,* | Sovia Reuwer |
| 6. *Mother's Maiden Name,* | Sovie Gies |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry Reuwer |
| 9. *Father's Occupation* | Poultry Dealer |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler Midwife |
| *Address,* | 2116 W. Pratt St |
| *Remarks,* | |

8970004338

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84696

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31st 1897
4. Place of Birth, (Street and Number) 1112 N. Central ave
5. Full Name of Mother, Mary Magdalene Hoppel
6. Mother's Maiden Name, " " Hebling
7. Mother's Birthplace, Baltimore C. Md.
8. Full Name of Father, Charles Hoppel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, A. L. Macdonald M.D.

Address, 1041 N. Broadway

Remarks,

8 9 7 0 0 0 4 3 3 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

Whoever shall wilfully refuse or neglect to make the return of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84697

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31 97 |
| 4. *Place of Birth, (Street and Number)* | 1706 Greenmt Ave |
| 5. *Full Name of Mother,* | Clara Martenet |
| 6. *Mother's Maiden Name,* | St Clair |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Geo M. Martenet |
| 9. *Father's Occupation* | Saloon Keeper |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | J. H. Robinson M.D. |
| *Address,* | 726 E. Pratt St |
| *Remarks,* | |

8970004340

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-25-56

# RETURN OF A BIRTH. 84698

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Rebecca Waters

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31, '19
4. Place of Birth, (Street and Number) 21 S. Calhoun St
5. Full Name of Mother, Sarah A. Waters
6. Mother's Maiden Name, " Warfield
7. Mother's Birthplace, Md
8. Full Name of Father, Richard V. Waters
9. Father's Occupation Telegraph operator
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Edward Janney M.D.

Address, 23 N. Fulton Ave

Remarks,

8970004341

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84699

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3 1897
4. Place of Birth, (Street and Number) 131 E Fort Ave
5. Full Name of Mother, Lottie Lutz
6. Mother's Maiden Name, Mollie Powers
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Lutz
9. Father's Occupation Conductor B&OR R
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, C A Bowles

Address, 1828 Light St

Remarks, Dang Well

1897000043 42

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The Commissioner of Health, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

233.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84700

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 31st 97
4. Place of Birth, (Street and Number) 1112 N. Central ave
5. Full Name of Mother, Mary Magdalene Hubbel
6. Mother's Maiden Name, " " Hastings
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Charles Hubbel
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, A. D. Macdonald M.D.

Address, 1041 N. Broadway

Remarks,

8 9 7 0 0 0 4 3 4 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 84701

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21 st

4. Place of Birth, (Street and Number) 324 Vincent Place

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Kenan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Smith

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hagen

Address, 324 Hollins st

Remarks,

8 9 7 0 0 0 4 3 4 4

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84102

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Female & Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31st |
| 4. *Place of Birth, (Street and Number)* | #606 Eddington Ave |
| 5. *Full Name of Mother,* | Annie Kunstman |
| 6. *Mother's Maiden Name,* | Annie Faye |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Casper Kunstman |
| 9. *Father's Occupation,* | Butcher |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Perkins |
| *Address,* | #241 S. Chester St |
| *Remarks,* | |

8970004345

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84703

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31th |
| 4. *Place of Birth, (Street and Number)* | #2026 Eastern Ave |
| 5. *Full Name of Mother,* | Lizzie Ruppel |
| 6. *Mother's Maiden Name,* | Lizzie Fresner |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | William Ruppel |
| 9. *Father's Occupation,* | Stove Mounter |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary A. Pertner |
| *Address,* | 241 S. Chester St. |
| *Remarks,* | |

8970004346

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84704

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born July 31st 1897
4. Place of Birth, (Street and Number) #200 Prince St
5. Full Name of Mother, Mrs Louisa Henning
6. Mother's Maiden Name, Miss " Deck
7. Mother's Birthplace, Hessen Germany
8. Full Name of Father, Charles Henning
9. Father's Occupation Brewer
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Hiller

Address, #2008 Mc Henry St

Remarks,

8970004347

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84705

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st July 1894

4. Place of Birth, (Street and Number) 139 Eutaw Ave

5. Full Name of Mother, Clara Esser

6. Mother's Maiden Name, Clara Schultz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Esser

9. Father's Occupation Sheet Iron Worker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. A. Graves

Address, 1828 Light St

Remarks, Dairy Mail

1897000043488

Wm. J. C. Dulany Co., City Printers and Stationers.

Persons required by law to report births are hereby notified that they will be held responsible for the correctness of the information herein required, as far as it may be known to them. The full name and occupation of its parents, the date and place of birth; and the sex, color, and full name of each child born alive, must be entered in the proper blanks, and the certificate must be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84766

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 31 1897
4. Place of Birth, (Street and Number) 923 Jordan St
5. Full Name of Mother, Sallie Thornton
6. Mother's Maiden Name, " Banks
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert A. Thornton
9. Father's Occupation i.a. Fish Market
10. Father's Birthplace, Green Spring Valley Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 908 Jordan St

Remarks,

8 4 7 6 6 0 0 4 3 4 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84707

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* girls
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 July
4. *Place of Birth, (Street and Number)* 1130 Central Av.
5. *Full Name of Mother,* Lizzie Peters
6. *Mother's Maiden Name,* Thuber
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Vidas Peters
9. *Father's Occupation* cutter
10. *Father's Birthplace,* Balt.

*Name of Medical Attendant,* or other person who makes this Return, Anna Walker

*Address,* 928 W Cent Av.

*Remarks,*

8 4 7 0 0 0 1 3 5 0

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF [redacted] BIRTH. 84708

GIVEN NAME ADDED 7-16-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert Norman Gallagher 4th

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 31st 96
4. *Place of Birth, (Street and Number)* 2638 E. Balto. str.
5. *Full Name of Mother,* Annie E. Gallagher
6. *Mother's Maiden Name,* Annie E. Hayd
7. *Mother's Birthplace,* Newport R.I.
8. *Full Name of Father,* Edward J. Gallagher
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant, or other person who makes this Return* Charles H. A. Meyer M.D.

*Address,* 1033 N. Caroline str.

*Remarks,*

84700004351

been conferred), his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of each and every person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84707

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. | *Sex, (state whether male or female)* | Female |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | July 31. 1897. |
| 4. | *Place of Birth, (Street and Number)* | 1305 N. Stricker St |
| 5. | *Full Name of Mother,* | Mrs Mary A. Campbell, |
| 6. | *Mother's Maiden Name,* | Mary A. Sands. |
| 7. | *Mother's Birthplace,* | Balto Md |
| 8. | *Full Name of Father,* | Wallis Campbell |
| 9. | *Father's Occupation,* | Clerk |
| 10. | *Father's Birthplace,* | Balto Md |
| | *Name of Medical Attendant, or other person who makes this Return,* | Dr Wm J. Campbell, |
| | *Address,* | 1351. N. Gilmor St. |
| | *Remarks,* | |

8 4 7 0 0 0 4 3 5 2

WM J C DULANY CO CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any; and the sex, color, the full name and occupation of the parents, the date and place of birth; and been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 84710

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31 — 1897
4. Place of Birth, (Street and Number) 704 Greenmount Ave.
5. Full Name of Mother, Kathi Maggi Barth
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Barth
9. Father's Occupation Cutter
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

8970004353

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

2.36.]

# RETURN OF A BIRTH. 84711

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Feb 21 97

4. *Place of Birth, (Street and Number)* No 514 Pittsburgh ave

5. *Full Name of Mother,* Nellie Bernard

6. *Mother's Maiden Name,* Lenox

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Arthur Bernard

9. *Father's Occupation* Printer

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs A Grant

*Address,* 1917 E Monument St

*Remarks,*

8 4 7 0 0 0 4 3 5 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner or person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84712

CERTIFICATE CORRECTED 12-18-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Mary Ostertag

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31st 1917

4. Place of Birth, (Street and Number) 2216 Linden St.

5. Full Name of Mother, Frederica Detwiler

6. Mother's Maiden Name, Gruber

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Ostertag

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lawrence Hoffman

Address, 2225 Vaughn St. Balto. Md.

Remarks,

8970004355

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84713

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 31 '97
4. Place of Birth, (Street and Number) 1827 E Biddle St
5. Full Name of Mother, Katie Miller
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Miller
9. Father's Occupation Cigars Makers
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

8 4 7 1 3 0 0 0 4 3 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH 84714

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, July 4th 1897
4. Place of Birth (Street and Number), 216 Myrtle Ave
5. Full Name of Mother, Elizabeth Burkard Steinbach
6. Mother's Maiden Name, Elizabeth Burkard
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, Adam Steinbach
9. Father's Occupation, Merchant Tailor.
10. Father's Birthplace, Baltimore City, Md

Name of Medical Attendant, or other person who makes this Return. D. Jerome Reinhardt M.D.

Address, ~~1218~~ Madison Ave. 1218 Madison Ave

Remarks, 1218 Madison Ave.

8970004357

...Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 3-21-56

# RETURN OF A BIRTH. 84715

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Louise Pool

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1897 July 25th 97
4. Place of Birth, (Street and Number) 1230 E. North ave
5. Full Name of Mother, Rosina Pool
6. Mother's Maiden Name, Rosina Hewitt
7. Mother's Birthplace, Savannah Georgiana
8. Full Name of Father, Edwin Pool
9. Father's Occupation Electrician
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, George L. E. Vogler M D

Address, 1230 E North ave.

Remarks, Fee. Presentation changed to Vertex 1st pain 8 A.M. 7.00 A.M. 4.30 P.M.
In labor from 4.30 A.M. to 6.45 P.M.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

2361

# RETURN OF A BIRTH. 84716

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child - Myra ~~Watkins~~ Porter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, July 26 1897
4. Place of Birth, (Street and Number) 1508 N Caroline St
5. Full Name of Mother, Minnie Porter
6. Mother's Maiden Name, Minnie Richter
7. Mother's Birthplace, City
8. Full Name of Father, Wm James Porter
9. Father's Occupation, Cotton wrigher
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Dr Davis md

Address, 1507 N Caroline St

Remarks,

8970004359

Wm. J. C. Dulany Co., City Printers and Stationers.

Boy, white, or female, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the name and surname, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84717

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* second 2

1. *Sex (state whether male or female),* male
2. *Race or Color (if not of the white race),* Colar
3. *Date of Birth,* July 30 - 1897
4. *Place of Birth (Street and Number),* Hoffman St 502
5. *Full Name of Mother,* Lillie Simms
6. *Mother's Maiden Name,* Lillie Kenely
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benj Simms
9. *Father's Occupation,* Carriman
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return. Ellen moore

*Address,* 511 Hoffman St

*Remarks,* Dr

8 9 7 0 0 0 4 3 6 0

Baltimore Publishing Co., City Printers and Stationers

# RETURN OF A BIRTH. 84718

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 31 '97 |
| 4. *Place of Birth, (Street and Number)* | 812 N Chapel St |
| 5. *Full Name of Mother,* | Maggie Henn |
| 6. *Mother's Maiden Name,* | " Mandler |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Stephen Henn |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Caroline Myller |
| *Address,* | 1605 Walker St |
| *Remarks,* | |

8 9 7 0 0 0 4 3 6 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84719

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First-

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 31st 1893

4. *Place of Birth, (Street and Number)* 907 E Chase St

5. *Full Name of Mother,* Margaret George Austin

6. *Mother's Maiden Name,* Margaret Kelly

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Austin

9. *Father's Occupation* Grocer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr. Jefferson Green

*Address,* 1051 Aisquith St

*Remarks,*

8970004362

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.

# RETURN OF A BIRTH. 84720

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4, 1897
4. Place of Birth, (Street and Number) 136 Randall
5. Full Name of Mother, Rosa Rodgers
6. Mother's Maiden Name, Welder
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Rodgers
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Graham Schwartz

Address, 739 E. Ave

Remarks,

8 9 7 0 0 0 4 3 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84721

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | III |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 31-97 |
| 4. *Place of Birth, (Street and Number)* | 23 N. Chapel St. |
| 5. *Full Name of Mother,* | Clara Collins |
| 6. *Mother's Maiden Name,* | " Pritchett |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Thos. Collins. |
| 9. *Father's Occupation* | Crane Worker. |
| 10. *Father's Birthplace,* | Washington D.C. |
| *Name of Medical Attendant, or other person who makes this Return,* | G. L. Hunner M.D. |
| *Address,* | J. H. Hospital |
| *Remarks,* | |

8970004364

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84722

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 31 th July 1897.
4. *Place of Birth, (Street and Number)* 934 Bonni St.
5. *Full Name of Mother,* Ida Brand.
6. *Mother's Maiden Name,* Ussi
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Wilhelm Brand.
9. *Father's Occupation* Sabrer
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant,* or other person who makes this Return, Mrs P. Liessmann.

*Address,* 2922 Elliott St.

*Remarks,*

8970004365

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84723

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday July 31st 1897
4. Place of Birth, (Street and Number) South Register Street
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, " Bell
7. Mother's Birthplace, New Kent County. Va.
8. Full Name of Father, Jerias Johnson
9. Father's Occupation Janitor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jane Wreat

Address, 902 Hillman Street

Remarks,

8970004366

...C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH 84724

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, July twentieth
4. Place of Birth, (Street and Number) 1543 Division street.
5. Full Name of Mother, Bertha Wright
6. Mother's Maiden Name, Bertha Carter
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Charles A Bland Wright
9. Father's Occupation, Waiter
10. Father's Birthplace, King Queen Co. Va.

Name of Medical Attendant, or other person who makes this Return. annie M Brown

Address, 91 Hotlikins St

Remarks, 8970004367

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 84725

To the Office of Registrar of Vital Statistics, Board of Health,

**BALTIMORE CITY.**

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | Third |
| *1. Sex (state whether Male or Female)* | Female |
| *2. Race or Color (if not of the white race)* | |
| *3. Date of Birth* | July 21 st. 1897 |
| *4. Place of Birth (Street and Number)* | 532 E 23rd. st. |
| *5. Full Name of Mother* | Elizabeth Murray |
| *6. Mother's Maiden Name* | O. Causey |
| *7. Mother's Birthplace* | Maryland |
| *8. Full Name of Father* | Edwin Murray |
| *9. Father's Occupation* | Clerk |
| *10. Father's Birthplace* | Maryland |
| *Name of Medical Attendant, or other Person who makes this Return.* | Geo H Baines Md |
| *Address* | 21 W 25th. st. |
| *Remarks* | |

8970004368

# RETURN OF A BIRTH. 84726

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23 1923 |
| 4. *Place of Birth, (Street and Number)* | 436 Greenmount Ave. |
| 5. *Full Name of Mother,* | Emilie Louise Wehrman |
| 6. *Mother's Maiden Name,* | " Luttke |
| 7. *Mother's Birthplace,* | Bohemia |
| 8. *Full Name of Father,* | Oscar Wehrman |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Bohemia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary Morgan |
| *Address,* | 412 Scott St |
| *Remarks,* | |

8970004369

Wm. J. C. Dulany Co., City Printers and Stationers.

236 j

# RETURN OF A BIRTH. 84727

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 the

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 23 of July.
4. Place of Birth, (Street and Number) 503 S. Dusham St.
5. Full Name of Mother, Margi Jacobs.
6. Mother's Maiden Name, = Wagner.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Fred. Jacobs
9. Father's Occupation
10. Father's Birthplace, Emden Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. Betweton.

Address, 613 S. port. Street.

Remarks,

8970004370

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

# RETURN OF A BIRTH. 84728

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of July
4. Place of Birth, (Street and Number) 2509 Forster Str.
5. Full Name of Mother, Anna Löffler
6. Mother's Maiden Name, = Schöbelein.
7. Mother's Birthplace, Krügelstein. Bavaria.
8. Full Name of Father, Andreas Löffler
9. Father's Occupation Schumaker
10. Father's Birthplace, Laam. Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. (Bebmtan)

Address, 673 S. port. St.

Remarks,

8970004371

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84729

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d's first

1. *Sex, (state whether male or female)* Boy male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 29 of July
4. *Place of Birth, (Street and Number)* Warner 622
5. *Full Name of Mother,* Sarah McLod
6. *Mother's Maiden Name,* Sarah Watts
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Milliam McLord
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return. Grace Harris

*Address,* 918 Stockholm St

*Remarks,*

8970004372

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84730.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 of July
4. Place of Birth, (Street and Number) 2009 mummenier. Court.
5. Full Name of Mother, Albertine Behlein.
6. Mother's Maiden Name, = Haseke
7. Mother's Birthplace, pommern (Germ)
8. Full Name of Father, Herman Behlein
9. Father's Occupation laborer
10. Father's Birthplace, posen. Germ.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss. Behnken.

Address, 613 port St.

Remarks,

8970004373

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84731

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4th 1897
4. Place of Birth, (Street and Number) 834 N. Howard St.
5. Full Name of Mother, Minnie M. Haney
6. Mother's Maiden Name, Minnie M. Haney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles M. Haney
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Bricor M.D.

Address, 218 W. Madison St.

Remarks,

8 9 7 0 0 0 4 3 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(236)

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84732

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8te

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 July 1902
4. *Place of Birth, (Street and Number)* Linden St 010 Balto.
5. *Full Name of Mother,* Mary E Miller
6. *Mother's Maiden Name,* Threshall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Miller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Philadelphia

*Name of Medical Attendant,* or other person who makes this Return, Anna Randall

*Address,* 1011 E Baltimore St

*Remarks,*

8 9 7 0 0 0 4 3 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84733

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 17 97
4. *Place of Birth, (Street and Number)* 1355 N. Carey st Balto Md
5. *Full Name of Mother,* Maggie A. D. Wilson
6. *Mother's Maiden Name,* " J. " Gray
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas A. D. Wilson
9. *Father's Occupation* U.S. Food Supply Co.
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant, or other person who makes this Return,* Mrs. Bessie Mitchell M.D.

*Address,*

*Remarks,*

8970004376

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84734

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 4, 1897 |
| 4. *Place of Birth, (Street and Number)* | Cleveland St |
| 5. *Full Name of Mother,* | Catherine Peterson |
| 6. *Mother's Maiden Name,* | Schaumburg |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Edgar M. Peterson |
| 9. *Father's Occupation* | Paper hanger |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | H. C. Knight M.D. |
| *Address,* | 523 Scott St. |
| *Remarks,* | |

8970004377

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84735

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2d 1897
4. Place of Birth, (Street and Number) 2521 Carlton Ave
5. Full Name of Mother, Annie Luther
6. Mother's Maiden Name, Gardner
7. Mother's Birthplace, Balto
8. Full Name of Father, John Luther
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. P. Hickwell

Address, 4 St Paul Place

Remarks,

8970004378

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84736

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 20. 1897
4. Place of Birth, (Street and Number) 1310 - Mosher Street
5. Full Name of Mother, Mrs. Mary Magdalene
6. Mother's Maiden Name, Miss Mary Offutt
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr. Hercood Markland
9. Father's Occupation, Undertaker
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. G. W. Covington M.D.

Address, 1235 - W - Lafayette Avenue

Remarks,

8970004379

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 84737

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, July 31, 1897
4. Place of Birth, (Street and Number) 1306 W. Lanvale Street
5. Full Name of Mother, Mrs. Emma Cook
6. Mother's Maiden Name, Miss Emma Hurst
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Mr. [illegible] Cook
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible] Wood M.D.

Address, 1235 W. Lafayette Avenue

Remarks,

8970004380

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 84738

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1897
4. Place of Birth, (Street and Number) 1422 W. Lombard St.
5. Full Name of Mother, Marian Cromwell
6. Mother's Maiden Name, Elderdice
7. Mother's Birthplace, Pa
8. Full Name of Father, George Cromwell
9. Father's Occupation Machinist Foreman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Hoff

Address, 701 N. Carrollton Ave

Remarks,

8970004381

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule must be filled out as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

# RETURN OF A BIRTH. 84739

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7 |
| 4. *Place of Birth, (Street and Number)* | 637 Cumberland St |
| 5. *Full Name of Mother,* | Anna Selan |
| 6. *Mother's Maiden Name,* | Lucy Agnes Lee |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Selan |
| 9. *Father's Occupation* | Grocer Business |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. M. V. Sweeney |
| *Address,* | 731 Cumberland St |
| *Remarks,* | |

8470004382

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

84740

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 18 — 97.

4. Place of Birth, (Street and Number) St. John's Rectory Towson, Balto

5. Full Name of Mother, Edyrna Stubbs

6. Mother's Maiden Name, Lobster

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Rev. Francis H. Stubbs

9. Father's Occupation Minister

10. Father's Birthplace, New Jersey U.S.A.

Name of Medical Attendant, or other person who makes this Return,

Address, 815 Jefferson Ave

Remarks,

8970004383

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[230.]

# RETURN OF A BIRTH.

84741

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21st 1897
4. Place of Birth, (Street and Number) 1746 N. Chester St.
5. Full Name of Mother, Rachel J. Markland
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Wm. T. Markland
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. W. Seldner M.D.

Address, 1501 E. Eager St.

Remarks,

8 9 7 0 0 0 4 3 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH.

84742

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | seventh |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23rd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1004 Somerset St. |
| 5. *Full Name of Mother,* | Apolonia Rolle |
| 6. *Mother's Maiden Name,* | Hartman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Louis Rolle |
| 9. *Father's Occupation* | Plater |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | S. W. Selduer. M.D. |
| *Address,* | 601 E. Eager St. |
| *Remarks,* | |

8 9 7 0 0 0 4 3 8 5

been conferred) its sex, color, the full name an l occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

54743

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 26-th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1315 Canal St. |
| 5. *Full Name of Mother,* | Barbara Brooks |
| 6. *Mother's Maiden Name,* | Schaur |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles F. Brooks |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | L. W. Seldner M.D |
| *Address,* | 1501 E. Eager St. |
| *Remarks,* | |

8 9 7 0 0 0 4 3 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

84744

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 28th 1897

4. Place of Birth, (Street and Number) 1735 Eastland Ave.

5. Full Name of Mother, Maggie McCauley

6. Mother's Maiden Name, Baville

7. Mother's Birthplace, Md

8. Full Name of Father, Chas E McCauley

9. Father's Occupation Druggist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, S H Feldmus M.D.

Address, 1501 E Eager St

Remarks,

8 9 7 0 0 0 4 3 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84746

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31st 1897.

4. Place of Birth, (Street and Number) 37 N Forrest St

5. Full Name of Mother, Maggie Cooper

6. Mother's Maiden Name, Gordon

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Cooper

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, A St Kleiner M. D.

Address, 1501 E Eager St

Remarks,

18970004388

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

# RETURN OF A BIRTH. 84746

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7 1897
4. Place of Birth, (Street and Number) 1429 Frankem St-
5. Full Name of Mother, Florence Lautenberg
6. Mother's Maiden Name, Bryden
7. Mother's Birthplace, Piedmont-
8. Full Name of Father, Wm Lautenberg
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J N Dorff M D

Address, 14 E Read St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 7 0 0 0 4 3 8 9

GIVEN NAME ADDED 3-20-56

# RETURN OF A BIRTH.

841717

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Christine Kloppel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11, 1897
4. Place of Birth, (Street and Number) 1426 E. Lanvale St.
5. Full Name of Mother, Mary Elizabeth Kloppel
6. Mother's Maiden Name, " " Berger
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward H. Kloppel
9. Father's Occupation Baker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. A. Hartman M.D.

Address, 1124 N. Carolina St.

Remarks,

8970004390

Wm. J. C. Dulany Co,. City Printers and Stationers.

The Physician, Midwife or other person in attendance upon the mother at the birth of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

One

821718

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 15 1894

4. Place of Birth, (Street and Number) 1116 E. 20th St.

5. Full Name of Mother, Mary R. Ferguson

6. Mother's Maiden Name, " " Nadolf

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, John T. Ferguson

9. Father's Occupation Manager of Café

10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Caroline St.

Remarks, Henry Wilbur Ferguson

8970004391

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Page 5

# RETURN OF A BIRTH.

8/7/19

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10/97
4. Place of Birth, (Street and Number) 1241 N. Broadway
5. Full Name of Mother, Liggie Baker
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wilford Baker
9. Father's Occupation agent
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Fenton St

Remarks,

8970004392

Wm. J. C. Dulany Co,. City Printers and Stationers.

The name of the child can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

8475

GIVEN NAME ADDED 1-29-52

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Walter~~ Fink

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 8/97
4. Place of Birth, (Street and Number) 1516 Orleans St.
5. Full Name of Mother, Lillie Fink
6. Mother's Maiden Name, Auer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. Fink
9. Father's Occupation veterinarian
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8970004393

Wm. J. C. Dulany Co., City Printers and Stationers.

...the name can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

84751

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9/97
4. Place of Birth, (Street and Number) 1310 Ewan St
5. Full Name of Mother, Doris Carlton
6. Mother's Maiden Name, Hutton
7. Mother's Birthplace, Washington Co Pa
8. Full Name of Father, Wm Carlton
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8970004394

Every birth occurring within the city of Baltimore shall be registered, and the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers

GIVEN NAME ADDED 7-5-57

84752

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Anne Helena Pinning 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 31/97

4. Place of Birth, (Street and Number) 714 Chase St

5. Full Name of Mother, Anna B. Pinning

6. Mother's Maiden Name, Evans

7. Mother's Birthplace, Balto

8. Full Name of Father, John Pinning

9. Father's Occupation Builders Supplies

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

8970004395

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred; and the same can be ascertained. The full name of each child, if any shall have said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

84768

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 3/99
4. Place of Birth, (Street and Number) 941 Forest St
5. Full Name of Mother, Mary Kirby
6. Mother's Maiden Name, Elliott
7. Mother's Birthplace, Balti
8. Full Name of Father, Michael Kirby
9. Father's Occupation laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1201 E. Preston St

Remarks,

8 9 7 0 0 0 4 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, and shall ascertain as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

a 84754
Vol 16
fol 5

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* this twenty fifth

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 24 1897

4. *Place of Birth, (Street and Number)* 715 Aisquith st

5. *Full Name of Mother,* Emmer maynard

6. *Mother's Maiden Name,* Emmer young

7. *Mother's Birthplace,* Cambridge md

8. *Full Name of Father,* sylvester maynard

9. *Father's Occupation,* Driver

10. *Father's Birthplace,* Worchester Co md

*Name of Medical Attendant,* or other Person who makes this Return. Mary J Lawrence

*Address,* 607 Bradford st

*Remarks,* 8 4 7 0 0 0 4 3 9 7

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84806

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 1897 |
| 4. *Place of Birth, (Street and Number)* | 37 E Hamburg St |
| 5. *Full Name of Mother,* | Bessie Whittle |
| 6. *Mother's Maiden Name,* | Bessie Horam |
| 7. *Mother's Birthplace,* | Randalstown Md |
| 8. *Full Name of Father,* | David Whittle |
| 9. *Father's Occupation* | Druggist |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | C. F. Brooks |
| *Address,* | 828 Light St |
| *Remarks,* | Drug Store |

8 9 7 0 0 0 4 3 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Should the child be born dead, or die before the same can be ascertained the full name of such child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84807

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19th 1897
4. Place of Birth, (Street and Number) 1708 Lemmon St
5. Full Name of Mother, Ella Dittmer
6. Mother's Maiden Name, Ella Hayes
7. Mother's Birthplace, Fredericksburg Va
8. Full Name of Father, Henry Dittmer
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Henry

Address, 1809 Lemmon St.

Remarks, 89/700004399

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84808

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 17 1917

4. Place of Birth, (Street and Number) 1 Mt Royal Terrace

5. Full Name of Mother, Lena Miller

6. Mother's Maiden Name, Lena Miller

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Miller

9. Father's Occupation Retired

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Hirsh

Address, 1967 E Monument St

Remarks, 8970004400

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The Registrar shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84809

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 1st 1897 |
| 4. *Place of Birth, (Street and Number)* | 18 E. Montgomery St |
| 5. *Full Name of Mother,* | Nellie Abell |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | St. Mary's Co. Md. |
| 8. *Full Name of Father,* | William Henry Abel |
| 9. *Father's Occupation* | Employed in tobacco warehouse. |
| 10. *Father's Birthplace,* | St. Mary's Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return. | J. G. Jeffers M.D. |
| *Address,* | 1143 Franklin St. |
| *Remarks,* | 1 8970004401 |

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1236.]

Health. Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84810

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 August
4. *Place of Birth, (Street and Number)* 1501 East Ave.
5. *Full Name of Mother,* Elizabeth Keen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Keen
9. *Father's Occupation* Laborer Super
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Kaff. Wilson

*Address,* 1321 East & Lovent Point.

*Remarks,*

1897 0004402

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# RETURN OF A BIRTH 84811

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male (male)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 1st 1897
4. *Place of Birth, (Street and Number)* 736 Aisquith av Balto.
5. *Full Name of Mother,* Fannie C. Hill
6. *Mother's Maiden Name,* " " Hastings
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* J. W. Hill
9. *Father's Occupation,* Wheelwright
10. *Father's Birthplace,* Wicomico Co. Md

*Name of Medical Attendant,* or other Person who makes this Return. Silas Baldwin

*Address,* 700 Lafayette av.

*Remarks,*

1897000044 03

and shall enter the same on a blank schedule to be furnished by the Registrar, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable,

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84812

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No: of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 12 10 A.M 1897
4. *Place of Birth, (Street and Number)* 4 S Broadway
5. *Full Name of Mother,* Nora Sraheas
6. *Mother's Maiden Name,* Nora Rothert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Andrew Sraheas
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Talmage E. Downiller M.D

*Address,* 1701 Baltimore St East

*Remarks,* 8970004404

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

# RETURN OF A BIRTH. 84813

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 1897
4. *Place of Birth, (Street and Number)* 1102 Binney St
5. *Full Name of Mother,* Mary Foster Nesbee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Foster
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, S. P. Harrington

*Address,* 924 Binney st Canton

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970004405

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

# RETURN OF A BIRTH. 84814

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 6th 1897
4. *Place of Birth, (Street and Number)* 2817 Fait Ave.
5. *Full Name of Mother,* Lessie Harrison
6. *Mother's Maiden Name,* McElwaney
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Harrison
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carl Co

*Name of Medical Attendant,* or other person who makes this Return, S P Harrington

*Address,* 224 Ramy St.

*Remarks,* 1 8 9 7 0 0 0 4 4 0 6

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84815

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether male ~~or female~~),
2. Race or Color (if not of the white race),
3. Date of Birth, Augt 10th
4. Place of Birth (Street and Number), 1215. W Fayette St
5. Full Name of Mother, Emma V. Wilson
6. Mother's Maiden Name, " " Galleon
7. Mother's Birthplace, Virginia
8. Full Name of Father, Bardley W. Wilson
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo H Copeland

Address, Linden Ave & Wilson St

Remarks,

8970004407

and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84876

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 1th |
| 4. *Place of Birth, (Street and Number)* | #256 Canton Ave |
| 5. *Full Name of Mother,* | Cunie Fickus |
| 6. *Mother's Maiden Name,* | Cunie Ryer |
| 7. *Mother's Birthplace,* | Carol Co. M. Shore |
| 8. *Full Name of Father,* | Fred Fickus |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltr. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary A. Pertner |
| *Address,* | 241 E. Chestnut St. |
| *Remarks,* | 18970004408 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent required, and child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84817

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1 1897
4. Place of Birth, (Street and Number) 1411 Clement st city
5. Full Name of Mother, Sadie Goldstraw
6. Mother's Maiden Name, Sadie Allen
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles Goldstraw
9. Father's Occupation, Potterman
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Cornelia Allen

Address, 1407 Nicholson st city

Remarks, 18970004409

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84818

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 1 / 97
4. Place of Birth, (Street and Number) 219 North Fremont Ave
5. Full Name of Mother, Florence M. Hoffman
6. Mother's Maiden Name, Florence M. Wheeler
7. Mother's Birthplace, Rockdale Baltimore County
8. Full Name of Father, Edward F. Hoffman
9. Father's Occupation Horses Dealer
10. Father's Birthplace, Louisville Kentucky

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, 23 So Poplar Ave

Remarks,

1 8 9 7 0 0 0 4 4 1 0

**Health.** This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 3/9/70

# RETURN OF A BIRTH. 84819

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: JOSEPH MICHAEL SNYDER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 5t

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of August 1897.
4. Place of Birth, (Street and Number) 119 N. Castle St.
5. Full Name of Mother, Hannah Snyder
6. Mother's Maiden Name, Hannah Miskell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Snyder.
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Ida Hill

Address, 208 N. Castle St.

Remarks, 8 7 7 0 0 0 4 4 1 1

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84820

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 97.
4. Place of Birth, (Street and Number) 1312 N. Franklin St.
5. Full Name of Mother, Mary E. Lemmel
6. Mother's Maiden Name, Mary E. Schillinger
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Fred. G. Lemmel
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ahle. Md.

Address, 1103 W. Fayette St.

Remarks, 8970004412

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84821

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 1 '97 |
| 4. *Place of Birth, (Street and Number)* | 1004 W. Baltimore St |
| 5. *Full Name of Mother,* | Alice M Schumacher |
| 6. *Mother's Maiden Name,* | Alice M Mohn |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Albert F Schumacher |
| 9. *Father's Occupation,* | Musician |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return. | J. H. Skinner M. D. |
| *Address,* | |
| *Remarks,* | 8970004413 |

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1236

# RETURN OF A BIRTH. 84822

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 August
4. *Place of Birth, (Street and Number)* 719 E Baud Str.
5. *Full Name of Mother,* Maggie Matin
6. *Mother's Maiden Name,* Ballenger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Matin
9. *Father's Occupation* Seaman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Pritt

*Address,* 521 S. Caroll Str.

*Remarks,*

8970004414

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84823

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) 721 S. Dallas St.
5. Full Name of Mother, Mary Algaj
6. Mother's Maiden Name, Blazky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edvard Algaj
9. Father's Occupation Stevedore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, S. Bond Ste. 838

Remarks,

8970004415

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84824

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 2 97 |
| 4. *Place of Birth, (Street and Number)* | 1709 E. Chase |
| 5. *Full Name of Mother,* | Ella E. Walston |
| 6. *Mother's Maiden Name,* | " Gaff |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | Guy Walston |
| 9. *Father's Occupation,* | Iron Molder |
| 10. *Father's Birthplace,* | Anarundel Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E. L. Peterson M. D. |
| *Address,* | 1058 N. Broadway |
| *Remarks,* | 8970004416 |

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 848251

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 a

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 2 a. 1897 3.a m
4. Place of Birth, (Street and Number) 807 Edmonson ave
5. Full Name of Mother, Lucy A. Didier
6. Mother's Maiden Name, Lucy A O'Brien
7. Mother's Birthplace, Washington D C.
8. Full Name of Father, Chas E. Didier
9. Father's Occupation, Clerk.
10. Father's Birthplace, Talbot Co Md

Name of Medical Attendant, or other person who makes this Return. A H Carlson

Address, 1136 N. Eutaw St

Remarks,

6970004417

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 84826

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2nd 1897
4. Place of Birth, (Street and Number) 539 Wilson St.
5. Full Name of Mother, Frances V. Gisriel
6. Mother's Maiden Name, " " Mooney
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph F. Gisriel
9. Father's Occupation, Hostler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Silas Baldwin

Address, 700 Lafayette av.

Remarks, 8970004418

John Murphy & Co., City Printers and Stationers.

Ord

# RETURN OF A BIRTH. 84827

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth. (9th)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2 - 1897
4. Place of Birth, (Street and Number) 308 Montebello Ave.
5. Full Name of Mother, Ida May Leonard
6. Mother's Maiden Name, Ida May George
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Morris Leonard
9. Father's Occupation Machinist & Engineer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, William J. Pillsbury M.D.

Address, 602 E. 27th St.

Remarks, Full name of child - Albert Russell George Leonard

1897000044 19

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84828

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* [illegible]

3. *Date of Birth,* [illegible]

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* [illegible]

6. *Mother's Maiden Name,* [illegible]

7. *Mother's Birthplace,* [illegible]

8. *Full Name of Father,* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant, or other person who makes this Return,* [illegible]

*Address,* [illegible]

*Remarks,* 1 8 9 7 0 0 0 4 4 2 0

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84829

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White - |
| 3. *Date of Birth,* | Aug. 2. 1897. |
| 4. *Place of Birth, (Street and Number)* | "Woodlands" Homestead Baltimore |
| 5. *Full Name of Mother,* | Miriam Gilman Todd. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | H. A. Todd |
| 9. *Father's Occupation,* | Teacher - (Professor) |
| 10. *Father's Birthplace,* | Ills. |
| *Name of Medical Attendant,* or other person who makes this Return. | Alfred Warstall M.D. |
| *Address,* | 921 Cathedral |
| *Remarks,* | 8970004421 |

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

[Form 1236.]

# RETURN OF A BIRTH. 84830

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 2d Day |
| 4. *Place of Birth, (Street and Number)* | 214 W. Fayette St |
| 5. *Full Name of Mother,* | Hannah Neil |
| 6. *Mother's Maiden Name,* | Hannah Healy |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Daniel Neil |
| 9. *Father's Occupation* | Teamster |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary J. Fitch midwife |
| *Address,* | 1417 E. Eager St. |
| *Remarks,* | 1897 0004422 |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 82831

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colard Child
3. Date of Birth, August 2. 18.97
4. Place of Birth, (Street and Number) 5.12. Parrish, al.
5. Full Name of Mother, Lizzie Gallimore age 31
6. Mother's Maiden Name, Lizzie Reece.
7. Mother's Birthplace, Savanna Georgia.
8. Full Name of Father, J. W. Gallimore age 38
9. Father's Occupation, Coal Man
10. Father's Birthplace, Winston N. C.

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid

Address, 4.12. Parrish. al.

Remarks, 8970004423

Wm J C Dulany Co, City Printers and Stationers.

# RETURN OF A BIRTH. 84832

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th Child. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 6th August 1897 |
| 4. *Place of Birth, (Street and Number)* | No 746 Eutaw Ave |
| 5. *Full Name of Mother,* | Theresa Greiner |
| 6. *Mother's Maiden Name,* | Locher |
| 7. *Mother's Birthplace,* | Bavaria |
| 8. *Full Name of Father,* | Nathan Greiner |
| 9. *Father's Occupation* | Stevedore |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return | Lizzie Schaeffer |
| *Address,* | E. Fort Ave. & C. [illegible] |
| *Remarks,* | 1897000442 4 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84833

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Co
3. *Date of Birth,* August 2, 19[illegible]
4. *Place of Birth, (Street and Number)* [illegible] Plum Alley
5. *Full Name of Mother,* Missouri Frances
6. *Mother's Maiden Name,* [illegible] Steward
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* Thomas Frances
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Cambridge Md

*Name of Medical Attendant,* or other person who makes this Return, C. [illegible]

*Address,* 9 10 Leader Hall St

*Remarks,* 1 8 9 7 0 0 0 4 4 2 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84834

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 2nd 1897
4. Place of Birth, (Street and Number) 73 N. Chynchild Eastern Ave
5. Full Name of Mother, Sarah Scott
6. Mother's Maiden Name, Sarah Cutler
7. Mother's Birthplace, Hazlehurst Miss.
8. Full Name of Father, Richard Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Covington County Ala.

Name of Medical Attendant, or other person who makes this Return, Mary Harvey

Address,

Remarks, 1897 0004426

All births and stillbirths must be reported within ten days after occurrence under penalty of the law. In case of the birth of twins, triplets, &c., a separate return must be made for each child, stating the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED [redacted] 12-5-60

# RETURN OF A BIRTH. 84835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Rosa Blanche Schafer 321

No. of Child — Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~July~~ Aug 2 97
4. Place of Birth, (Street and Number) 321 Pearl St
5. Full Name of Mother, Lena ~~Schafer~~ Schafer
6. Mother's Maiden Name, Lena Meyer
7. Mother's Birthplace, ~~Schafers~~
8. Full Name of Father, Jacob ~~Schafer~~ Schafers
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, R B Kemper M.D.

Address, 601 W Franklin St

Remarks,

8470004427

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 87 836

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 3rd 87
4. *Place of Birth, (Street and Number)* 212 Ellwood St.
5. *Full Name of Mother,* Mary E. Chase
6. *Mother's Maiden Name,* " " " Gross
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Henry E. Chase
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Frederick Md.

*Name of Medical Attendant,* or other person who makes this Return, Amelia Johnson

*Address,* 1124 Park ave

*Remarks,*

1 8 9 7 0 0 0 4 4 2 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

DUPLICATE

# RETURN OF A BIRTH. 84836

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (~~state whether~~ male ~~or female~~)*

2. *Race or Color, (if not of the white race)* colored

3. *Date of Birth,* Aug 31 19

4. *Place of Birth, (Street and Number)* 212 Eutaw St.

5. *Full Name of Mother,* Mary Echoade Grace

6. *Mother's Maiden Name,* Frederick Md

7. *Mother's Birthplace,* H. C. Chase

8. *Full Name of Father,* R. Porter

9. *Father's Occupation* Frederick Md

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return. Edw. C. Burhans M.D.

*Address,* 2422 Penna Ave.

*Remarks,* 8970004429

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84837

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug. 3rd, 1897 |
| 4. Place of Birth, (Street and Number) | 22d N. Eutaw St |
| 5. Full Name of Mother, | ~~Louisa Agnello~~ |
| 6. Mother's Maiden Name, | Louisa Lunetta |
| 7. Mother's Birthplace, | Georgia |
| 8. Full Name of Father, | William Stephens Agnello |
| 9. Father's Occupation | Commercial Traveler |
| 10. Father's Birthplace, | Missouri |
| Name of Medical Attendant, or other person who makes this Return, | Mrd Thurston |
| Address, | 22 N. Eutaw St |
| Remarks, | 8970004430 |

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84838

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 3 — 1897
4. *Place of Birth, (Street and Number)* 467 S. High St.
5. *Full Name of Mother,* Maggie L. Trainer
6. *Mother's Maiden Name,* Beally
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Trainer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address.* 1429 E. Fath St.

*Remarks,* 8970004431

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 84839

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, at the end of each third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 3 — 1897
4. Place of Birth, (Street and Number) 1502 E Lombart St.
5. Full Name of Mother, Kate E. White
6. Mother's Maiden Name, Stner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas White
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8970004432

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 84840

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August
4. Place of Birth, (Street and Number) 512 Forman Str
5. Full Name of Mother, Magie [illegible]maier
6. Mother's Maiden Name, [illegible]Gust
7. Mother's Birthplace, Germany
8. Full Name of Father, John [illegible]maier
9. Father's Occupation Lerman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Gretl

Address, 8388 Bond Str.

Remarks,

8970004433

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1336.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84841

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 3 1897
4. *Place of Birth, (Street and Number)* Vincent St 903
5. *Full Name of Mother,* Elizza Alton
6. *Mother's Maiden Name,* Sarah Rollings
7. *Mother's Birthplace,* Edward Alton
8. *Full Name of Father,* Driving Cart
9. *Father's Occupation* Calvert County
10. *Father's Birthplace,* Sarah Rolling

*Name of Medical Attendant,* or other person who makes this Return,

*Address,* 1610 Vincent Street

*Remarks,* 8 7 7 0 0 0 4 4 3 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84842

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 3/ 97 |
| 4. *Place of Birth, (Street and Number)* | 2024/ Pulaski st. |
| 5. *Full Name of Mother,* | Ella White |
| 6. *Mother's Maiden Name,* | Ella King |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Frank M. White |
| 9. *Father's Occupation* | Stone Cutter |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | R.W. Mansfield M.D. |
| *Address,* | 129 N Broadway |
| *Remarks,* | 8970004435 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84843

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4, 189[illegible]
4. Place of Birth, (Street and Number) No. 1013 E. North ave.
5. Full Name of Mother, Eliza Tucker
6. Mother's Maiden Name, Eliza Ladler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Augustus Tucker
9. Father's Occupation Iron Hanger
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Bl[illegible]well, M.D.

Address, 1741 Harford ave

Remarks, 8970004436

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84844

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 6th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 4th 1897
4. Place of Birth, (Street and Number) 1122 Gunnel Alley
5. Full Name of Mother, Alice Luter
6. Mother's Maiden Name, Alice Hunt
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Washington Luter
9. Father's Occupation, Minister of the Gospel
10. Father's Birthplace, Colbert Co Ala

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Losey

Remarks, 1807 Lamb 8 4 7 0 0 0 4 4 3/7

The Mayor and City Council of Baltimore ordain that a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84845

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or ~~female~~)

2. Race or Color, (~~if not of the~~ white ~~race~~)

3. Date of Birth, Aug 4. 1897

4. Place of Birth, (Street and Number) 107 N. Schroeder St.

5. Full Name of Mother, Maggie Bell

6. Mother's Maiden Name, Patterson

7. Mother's Birthplace, Ireland

8. Full Name of Father, Chas. S. Bell

9. Father's Occupation Clerk

10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return, Louis M Eastman

Address, 725 W Lanvale

Remarks, 8970004438

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance at a birth shall hereafter in the place shall keep a true and correct register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84/8476

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) mail
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Aug 4 1897
4. Place of Birth, (Street and Number) 1321 Lemon st Balti
5. Full Name of Mother, Martha Tyler ~~Hall~~ Barnett
6. Mother's Maiden Name, Martha Tyler Milton
7. Mother's Birthplace, Balti City
8. Full Name of Father, John West Barnett
9. Father's Occupation Labor
10. Father's Birthplace, West River Maryland

Name of Medical Attendant, or other person who makes this Return, Carline Green

Address, 1066 Roberg St

Remarks, no all well

8970004439

Health. This scheme shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84847

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored [redacted]

3. Date of Birth. August 4 1897

4. Place of Birth, (Street and Number) 622 Bradley St Balto

5. Full Name of Mother, Agatha Veronica Spicer

6. Mother's Maiden Name. Agatha Veronica Spicer

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Henry Spicer

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes the Return, Mrs. F. Myers.

Address, No. 722 Bradley St.

Remarks. 18970004440

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

am 1246.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84848

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6-th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 4 1897
4. *Place of Birth, (Street and Number)* 420 Fort Ave.
5. *Full Name of Mother,* Katha Conway
6. *Mother's Maiden Name,* Weber
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph Conway
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Carolina Schwarz

*Address,* 434 E. Fort Ave.

*Remarks,*

1897000444 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84849

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 of August, 1899.
4. Place of Birth, (Street and Number) 2226 Fairmount-Ave
5. Full Name of Mother, Elisabeth Snyder
6. Mother's Maiden Name, Elisabeth Bitz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Snyder
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Sela Hill

Address, 207 N. Castle St

Remarks, 1 1 1 1 8970004442

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84850

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 4th 1897
4. *Place of Birth, (Street and Number)* 1218 Park Ave
5. *Full Name of Mother,* Rachel Robinson
6. *Mother's Maiden Name,* Rachel Hidgens
7. *Mother's Birthplace,* Prince Edward Co Va.
8. *Full Name of Father,* Charles Robinson
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Prince Edward Co Va

*Name of Medical Attendant,* or other person who makes this Return, Amelia Johnson

*Address,* 1024 Park Ave

*Remarks,*

1897000 4443

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 84851

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 August
4. Place of Birth, (Street and Number) 3 Dallas 732
5. Full Name of Mother, Irma L Tajtsman
6. Mother's Maiden Name, Hortman
7. Mother's Birthplace, Germany
8. Full Name of Father, Manuel Tajtsman
9. Father's Occupation Steveder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 538 S Bond Str.

Remarks, 8970004444

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM 1236]

# RETURN OF A BIRTH. 84852

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 August 1897
4. *Place of Birth, (Street and Number)* 1618 Bethel Place
5. *Full Name of Mother,* Lena Wilfa
6. *Mother's Maiden Name,* Savage Sauge
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Wilfa
9. *Father's Occupation* Work man
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Bell

*Address,* 838 S. Bond Ste

*Remarks,* 1 8 9 7 0 0 0 4 4 4 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84 853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.) 4

(state whether Male or Female) Male

or Color (if not of the white race) Colored

of Birth August the 4th 1897

of Birth (Street and Number) 655 W Lafayette

Name of Mother Jennie Brown.

er's Maiden Name Jennie Ingafield

er's Birthplace Maryland

Name of Father Elmer E. Brown.

er's Occupation Waiter.

er's Birthplace Maryland

ne of Medical Attendant, or other Person who makes this Return. Thompson

ress

arks Sophia Johnson. 84 97 0 0 0 4 4 4 6

515 W. Biddle St.

Balto. Md.

# RETURN OF A BIRTH. 84854

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, August 4th 1897

4. Place of Birth, (Street and Number) 10 N Chapple St.

5. Full Name of Mother, Matilda Kimbly

6. Mother's Maiden Name, Matilda Kimble

7. Mother's Birthplace, Annapolis

8. Full Name of Father, Frederick Holland

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, 10 N. Chapple St.

Remarks, C

1897000004447

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84855

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the person in the form of a certificate between the first and said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 August 1897
4. Place of Birth, (Street and Number) 214 E Cross St
5. Full Name of Mother, Josie Crum
6. Mother's Maiden Name, Josie Zimmer
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frederick Crum
9. Father's Occupation Harness Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E J Brooks

Address, 828 Light St

Remarks, Dr Mell

1897000448

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 11-23-56

# RETURN OF A BIRTH. 84856

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Morris Cohen

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Aug 24th 1887
4. *Place of Birth, (Street and Number)* 1163 E. Pratt St.
5. *Full Name of Mother,* Annie Cohen
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Cohen
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. F. Feldman

*Address,* 1613 E. Lombard St.

*Remarks,* 1 8 9 7 0 0 0 4 4 4 9

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

...shall enter the same on a blank schedule, to be furnished by the Commissioner of ... This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

# RETURN OF A BIRTH. 84857

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday August 4th 97
4. *Place of Birth, (Street and Number)* 446 Bryan St.
5. *Full Name of Mother,* Mary Laboratz
6. *Mother's Maiden Name,* Kowlesky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nick Laboratz
9. *Father's Occupation,* Rope Maker
10. *Father's Birthplace,* Austria

*Name of Medical Attendant,* or other person who makes this Return, Dr. A. Federman

*Address,* 1013 E. Lombard St

*Remarks,* 8970004450

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child of the Commissioner of Health. In case the office or practitioner of midwifery, or should no other person be in third day of each and every month to the office or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 84858

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* 5th August 1897
4. *Place of Birth, (Street and Number)* No 437 Hall St. L P
5. *Full Name of Mother,* Mary Barthung
6. *Mother's Maiden Name,* " " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Barthung
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Lizzie Schaffer.

*Address,* E. Fort Ave. 1908

*Remarks,*

1 8970004451

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84859

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | 5th August 1897 |
| 4. Place of Birth, (Street and Number) | 841 China Street |
| 5. Full Name of Mother, | Allie Jackson |
| 6. Mother's Maiden Name, | Allie anderson |
| 7. Mother's Birthplace, | North Carolina |
| 8. Full Name of Father, | William Jackson |
| 9. Father's Occupation, | Sailor |
| 10. Father's Birthplace, | Maryland |
| Name of Medical Attendant, or other person who makes this Return. | Hannah Hatchett |
| Address, | 609 Campbell St. |
| Remarks, | 8970004452 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 848860

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Color |
| 3. *Date of Birth,* | August 5, 1897 |
| 4. *Place of Birth, (Street and Number)* | 129 N. Wolfe St |
| 5. *Full Name of Mother,* | Georgeann Herd |
| 6. *Mother's Maiden Name,* | E. Smith |
| 7. *Mother's Birthplace,* | Arundel Co. |
| 8. *Full Name of Father,* | Peter J Herd |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant, or other person who makes this Return,* | C. Williams |
| *Address,* | 916 Leadenhall St |
| *Remarks,* | |

1897000445 3

Physicians under whose care children are born, and midwives in attendance upon births, shall register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84861

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6
4. Place of Birth, (Street and Number) 1320 Hollins st
5. Full Name of Mother, Alice Pruett
6. Mother's Maiden Name, Alice Gibbs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Washington Pruett
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Wooten

Address,

Remarks,

8970004454

SECTION 7.—And be it further enacted and ordained that every birth which hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84862

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 3
4. Place of Birth, (Street and Number) 1702 Lemmon St
5. Full Name of Mother, Margret ann Fitzgerald
6. Mother's Maiden Name, Margret ann Evans
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Fitzgerald
9. Father's Occupation Machinist
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Bertha Heinhorst

Address, 1631 N. Patterson Pk. Baltimore Md.

Remarks,

8970004455

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 4011

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

84388

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 15 1897 |
| 4. *Place of Birth, (Street and Number)* | 540 N Baltimore St. |
| 5. *Full Name of Mother,* | Mrs Wm Hilder |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | Wm Hilder |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr Jas. D Lane |
| *Address,* | 622 W Lombard |
| *Remarks,* | 8970004456 |

...dulany Co., City Prin...s and Stationers.

84389

# RETURN OF A BIRTH

## To the Office of Registrar of Vital Statistics, Board of Health, Balt

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1930
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Ibarza
6. *Mother's Maiden Name*
7. *Mother's Birthplace,*
8. *Full Name of Father*

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the births which have occurred under his or her care during the month, and shall set forth as far as the ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the occupation of its parents, the date and between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a certificate the birth of any child to be recovered as other fines and forfeitures are recoverable

8970004457

[1236]

# RETURN OF A BIRTH. 84390

GIVEN NAME ADDED 4/24/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Shannon Arnold 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15/47
4. Place of Birth, (Street and Number) 1939 White St.
5. Full Name of Mother, Nannie L. Arnold
6. Mother's Maiden Name, Schubkegel
7. Mother's Birthplace, Hampstead Carroll Co, Md.
8. Full Name of Father, William Arnold.
9. Father's Occupation Dairyman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. H. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, 8970004458

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and child to report its birth to the Board hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84391

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | #3036 Orleans Ave |
| 5. *Full Name of Mother,* | Mary A. James |
| 6. *Mother's Maiden Name,* | " " Ray |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm. R. James |
| 9. *Father's Occupation* | Fireman R.R. |
| 10. *Father's Birthplace,* | Howard Co, Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm. A. Faddeman |
| *Address,* | #102 Chestnut Ave |
| *Remarks,* | |

8970004459

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84392

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex; color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15 1897 |
| 4. *Place of Birth, (Street and Number)* | 122 Market Space |
| 5. *Full Name of Mother,* | Jennie Yaceenskey |
| 6. *Mother's Maiden Name,* | " Fedder |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Abram Yaceenskey |
| 9. *Father's Occupation* | Shoemaker |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs E Scherman |
| *Address,* | 42 Allemarle St |
| *Remarks,* | 8970004460 |

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84393

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d July

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* W. F.

3. *Date of Birth,* July 2 1897

4. *Place of Birth, (Street and Number)* Baltimore 1701 Orleans St

5. *Full Name of Mother,* Louise Hahn

6. *Mother's Maiden Name,* Lutz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George Hahn

9. *Father's Occupation* Clerk Engineer

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Dr

*Address,* Mrs Adam J Stuckert

*Remarks,* No 731 Cumberland St

8970004461

...child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84394

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3rd 1897
4. Place of Birth, (Street and Number) 2163 Jefferson St.
5. Full Name of Mother, Emma Kreis Hackett,
6. Mother's Maiden Name, Emma Kreis,
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Hally W. Hackett.
9. Father's Occupation Collector
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. cor. Calvert & Preston Sts.

Remarks,

8970004462

Wm. J. C. Dulany Co., City Printers and Stationers.

HM 1256]

# RETURN OF A BIRTH. 87395

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 4th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 8th 97 |
| 4. Place of Birth, (Street and Number) | 1210 E. Madison st. |
| 5. Full Name of Mother, | Adelaide McLaughlin |
| 6. Mother's Maiden Name, | Adelaide Bishop |
| 7. Mother's Birthplace, | Balto. Md. |
| 8. Full Name of Father, | Charles J. McLaughlin |
| 9. Father's Occupation | Merchant |
| 10. Father's Birthplace, | Balto. Md. |
| Name of Medical Attendant, or other person who makes this Return, | Charles H. A. Meyer M.D. |
| Address, | 1023 N. Caroline st. |
| Remarks, | 8970004463 |

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of Child, if any, whose change or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of it's parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in said schedule shall be delivered, shall set forth as far as the same can be ascertained of it's parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained of it's parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8396

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 10, 1857.
4. *Place of Birth, (Street and Number)* 708 W. North Ave.
5. *Full Name of Mother,* Lilian Robinson Thomas
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. F. Thomas
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Chas. Betts Brewington M.D.

*Address,* 1021 Madison Ave.

*Remarks,*

8970004464

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 84397

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11th 97
4. Place of Birth, (Street and Number) 1723 E. Biddle st.
5. Full Name of Mother, Mary C. Trageser
6. Mother's Maiden Name, Mary C. Kaufmann
7. Mother's Birthplace, Ohio
8. Full Name of Father, Harry Trageser
9. Father's Occupation, Barber
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1033 N. Caroline st.

Remarks, 8970004465

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

# RETURN OF A BIRTH. 84398

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st, |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Monday July 12th, 1897 |
| 4. *Place of Birth, (Street and Number)* | 413 E. Biddle St. |
| 5. *Full Name of Mother,* | Laura R. Wilhelm. |
| 6. *Mother's Maiden Name,* | Laura R. Hammel, |
| 7. *Mother's Birthplace,* | York Pa. |
| 8. *Full Name of Father,* | John H. Wilhelm. |
| 9. *Father's Occupation* | Meat Dealer. |
| 10. *Father's Birthplace,* | Baltimore, Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Wilmer Brinton, M.D., |
| *Address,* | S.W. Cor Calvert & Preston Sts. |
| *Remarks,* | 8970004466 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84399

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15 1897.
4. *Place of Birth, (Street and Number)* No. 1822 N. Dallas st.
5. *Full Name of Mother,* Elizabeth Rice
6. *Mother's Maiden Name,* Elizabeth Kreuzer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George D. Rice
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Aug. A. Elwell M.D.

*Address,* 1741 Harford ave

*Remarks,*

8970004467

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FORM 1236]

# RETURN OF A BIRTH. 84400

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15-97 |
| 4. *Place of Birth, (Street and Number)* | #710 Portland Str |
| 5. *Full Name of Mother,* | Carrie Noack |
| 6. *Mother's Maiden Name,* | Carrie Wiedemann |
| 7. *Mother's Birthplace,* | Baltimore, Md. |
| 8. *Full Name of Father,* | John August Noack |
| 9. *Father's Occupation* | Shoe-Cutter |
| 10. *Father's Birthplace,* | New York City |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bang |
| *Address,* | 714 S Broadway |
| *Remarks,* | |

8970004468

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FORM 1236]

# RETURN OF A BIRTH. 84401

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 16 |
| 4. *Place of Birth, (Street and Number)* | 212 W Hamilton St |
| 5. *Full Name of Mother,* | Catherine Rochlein |
| 6. *Mother's Maiden Name,* | Catherine Schoenhals |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Geo. Rochlein |
| 9. *Father's Occupation* | odd jobs excavator |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Berry |
| *Address,* | 911 N Carey St |
| *Remarks,* | |

8970004469

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# RETURN OF A BIRTH. 84402

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First Child |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 16th of July 1897. |
| 4. Place of Birth, (Street and Number) | Baltimore Md # 418 S Stricker St. |
| 5. Full Name of Mother, | Mollie J Tobin |
| 6. Mother's Maiden Name, | " J Stricker |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | James Leroy Tobin |
| 9. Father's Occupation, | Brakeman. |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Mary Kraning |
| Address, | # 414 S Stricker St. Baltimore Md. |
| Remarks, | Mother and Child are doing well. |

8970004470

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84403

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16, 1893
4. Place of Birth, (Street and Number) 53 Druid st. Woodberry Md.
5. Full Name of Mother, Edwards Keller
6. Mother's Maiden Name, Eldredge Reigle
7. Mother's Birthplace, Allen Co. Pennsylvania
8. Full Name of Father, John Calvin Keller
9. Father's Occupation Mill Employé
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Albert J. Kelley M. D.

Address, 3426 Chestnut Ave Hampden.

Remarks, Child lived about five minutes, during which time fœtal movements occured. Seventh month of Gestation.

8 9 7 0 0 9 4 1

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1235.]

# RETURN OF A BIRTH. 84404

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16/97
4. Place of Birth, (Street and Number) #1415. Thames St
5. Full Name of Mother, Rosa Janecka
6. Mother's Maiden Name, Rosa Kopacka.
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Janecki.
9. Father's Occupation Gardner -
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Biegar.

Address, #1721 South Ann St

Remarks, 8970004472

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 84405

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd 5 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | July 16th 1847 |
| 4. *Place of Birth, (Street and Number)* | 300 & North West St. |
| 5. *Full Name of Mother,* | Annie Booman Lewis |
| 6. *Mother's Maiden Name,* | A. B. Keys |
| 7. *Mother's Birthplace,* | Baltimore City Md. |
| 8. *Full Name of Father,* | Henry Grosvenor Lewis |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Washington |
| *Name of Medical Attendant,* of other person who makes this Return. | J. A. Zepp M. D. |
| *Address,* | 305 E. North Ave |
| *Remarks,* | |

8970004473

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[ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84406

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 July 97
4. *Place of Birth, (Street and Number)* 116 Roseland Ave
5. *Full Name of Mother,* Margarette C. Hopkins
6. *Mother's Maiden Name,* " " Winkler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas H Hopkins
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Mrs E. Yeuell

*Address,* 630 E. Fort Ave

*Remarks,*

8970004474

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1336

# RETURN OF A BIRTH. 84407

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 16/1897

4. Place of Birth, (Street and Number) 136 W. Clement st

5. Full Name of Mother, Mrs Minnie C. Cann

6. Mother's Maiden Name, Minn C. Salentz

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, James Edwd Cann

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Münch

Address, 700 Leadenhall Street.

Remarks,

8970004475

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Form 1236.]

# RETURN OF A BIRTH. 84408

GIVEN NAME ADDED 8/28/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hazel Marie Scoggins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 16 1922.
4. Place of Birth, (Street and Number) No. 1218 Eighth St.
5. Full Name of Mother, Eva Scoggins.
6. Mother's Maiden Name, Eva Bibling.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Charles Scoggins
9. Father's Occupation Salesman.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aug. A. Elsewell M.D.

Address, 1241 Hanford Ave.

Remarks,

8970004476

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Attention is called to the fact that the person in charge of superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occured under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84409

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16th
4. Place of Birth, (Street and Number) Balto Md. 1115 N. Hamburg.
5. Full Name of Mother, Mrs. Annie L. E. Collins.
6. Mother's Maiden Name, Miss " " " Kraft.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Edward Collins
9. Father's Occupation Lamp Cleaner at B. & O. R. R.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Neir Mair Keller

Address, 612 N Hamburg - St

Remarks, 8970004477

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84410

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 17th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1110 Clendenin St |
| 5. *Full Name of Mother,* | Stella Middleton |
| 6. *Mother's Maiden Name,* | Fort |
| 7. *Mother's Birthplace,* | Erie Co. Ohio |
| 8. *Full Name of Father,* | Mr. Middleton |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Anne Arundel Co Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas. E. Sadtler |
| *Address,* | 1839 Bolton St |
| *Remarks,* | 8970004478 |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FORM 1236.]

# RETURN OF A BIRTH. 84411

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th July 1934
4. Place of Birth, (Street and Number) 1934 Fredericks ave
5. Full Name of Mother, annie E Stevenson
6. Mother's Maiden Name, annie E Dorsey
7. Mother's Birthplace, maryland
8. Full Name of Father, Richard J Stevenson
9. Father's Occupation Hack Driver
10. Father's Birthplace, maryland

Name of Medical Attendant, or other person who makes this Return, Mary A Dudley

Address, 1004 West Lexington St

Remarks, 8970004479

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 24412

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17 1897
4. *Place of Birth, (Street and Number)* Rear of Union Soapworks, Fort Av.
5. *Full Name of Mother,* Mary A. Bell
6. *Mother's Maiden Name,* [illegible] Rose
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Samuel H. Bell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Robt F. G. Schmidt M.D.

*Address,* 1405 Riviera Ave

*Remarks,*

8970004480

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 8441B

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1897
4. Place of Birth, (Street and Number) 147 N. Front St
5. Full Name of Mother, Winifred DeLaney
6. Mother's Maiden Name, Heaphy
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James P. DeLaney
9. Father's Occupation Attorney
10. Father's Birthplace, New York City N. Y.

Name of Medical Attendant, or other person who makes this Return, H. Linden M.D.

Address, 143 N. Front St

Remarks,

8970004481

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8446

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17th 1897
4. *Place of Birth, (Street and Number)* 1100 Russell St.
5. *Full Name of Mother,* Francis M. Preil
6. *Mother's Maiden Name,* Heinicke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William H. Preil
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Boston Mass

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bangs

*Address,* 714 N Carey

*Remarks,*

8970004482

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 8445

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 17 July |
| 4. *Place of Birth, (Street and Number)* | 2125 Christian St |
| 5. *Full Name of Mother,* | Fina. Neinger |
| 6. *Mother's Maiden Name,* | Fina. Sorensen |
| 7. *Mother's Birthplace,* | Frenchburg |
| 8. *Full Name of Father,* | John L. Neinger |
| 9. *Father's Occupation* | Tinner |
| 10. *Father's Birthplace,* | Baltimore. MD |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm Bangh |
| *Address,* | 19 N Bond St |
| *Remarks,* | |

8970004483

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 54416

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 17 1897
4. Place of Birth, (Street and Number) 45 Jackson St Homestead
5. Full Name of Mother, Mollie Hein
6. Mother's Maiden Name, Oberle
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Hein
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jerome Hostrook Jr

Address, 2241 Gusdorf avenue

Remarks, 8970004484

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8447

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 7th |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 17/97 |
| 4. Place of Birth, (Street and Number) | 711 Baker st. |
| 5. Full Name of Mother, | Mrs. Catherine J. Smith |
| 6. Mother's Maiden Name, | Mc Govern |
| 7. Mother's Birthplace, | Baltimore, Md. |
| 8. Full Name of Father, | Mr Jos. A. Smith |
| 9. Father's Occupation, | Insurance Agent |
| 10. Father's Birthplace, | Baltimore, Md. |
| Name of Medical Attendant, or other person who makes this Return, | Wm E. Miller, Md. |
| Address, | 1739 Pennsylvania Ave. |
| Remarks, | 8970004485 |

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84418

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 17 1897
4. *Place of Birth, (Street and Number)* 727 E. Monument St.
5. *Full Name of Mother,* Lydia Lee
6. *Mother's Maiden Name,* Lydia Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ezekiel Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr. Daniel Hill

*Address,* 2225 Orleans St.

*Remarks,*

8 9 7 0 0 0 4 4 8 6

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84419

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 17 '97
4. *Place of Birth, (Street and Number)* 2007 Eager St
5. *Full Name of Mother,* Mary Metz
6. *Mother's Maiden Name,* Rabenschlenb
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Metz
9. *Father's Occupation* Barrel Finisher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1605 Hanover St

*Remarks,* 8970004487

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

CERTIFICATE CORRECTED 7-16-57

# RETURN OF A BIRTH. 84420

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Henry Schulze

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 13 '97
4. Place of Birth, (Street and Number) 1902 Lanvale St
5. Full Name of Mother, Caroline ~~Louise~~ Schulze
6. Mother's Maiden Name, Ehrsman
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Schulze
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Harlem St

Remarks, 8 9 7 0 0 0 4 4 8 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

1238.]

# RETURN OF A BIRTH. 8/4/21

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 17 '21
4. *Place of Birth, (Street and Number)* 1730 N. Chester St
5. *Full Name of Mother,* Rickey Fitzgerald
6. *Mother's Maiden Name,* " Stettiner
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Peter Fitzgerald
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Stettiner

*Address,* 1605 Walbert St

*Remarks,*

1 8 9 7 0 0 0 4 4 8 9

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84422

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 17 '97 |
| 4. *Place of Birth, (Street and Number)* | 313 S. Edow St |
| 5. *Full Name of Mother,* | Mollie Stanzinger |
| 6. *Mother's Maiden Name,* | " Thomas |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | Jacob Stanzinger |
| 9. *Father's Occupation* | Cam Maker |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Caroline Shiffler |
| *Address,* | 606 Walnut St |
| *Remarks,* | 8970004490 |

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84423

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 18, 1897 |
| 4. *Place of Birth, (Street and Number)* | 802 Cannon St. |
| 5. *Full Name of Mother,* | Mary Gorney |
| 6. *Mother's Maiden Name,* | Mary Wolf |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | George Gorney |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Lovejoy |
| *Address,* | 12 E. Cantro St. |
| *Remarks,* | |

8970004491

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 84424

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July the 15-1897 |
| 4. *Place of Birth, (Street and Number)* | Lawson st. No 127 |
| 5. *Full Name of Mother,* | Betty Olson |
| 6. *Mother's Maiden Name,* | Betty Peterson |
| 7. *Mother's Birthplace,* | Sweden Denmark |
| 8. *Full Name of Father,* | John Olson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Sweden Denmark |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | No 1222 Watkins Alley |
| *Remarks,* | |

8 9 7 0 0 0 4 4 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84425

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 18 1897 |
| 4. *Place of Birth, (Street and Number)* | 2062 Hanover ave |
| 5. *Full Name of Mother,* | Rachel Mc Miles |
| 6. *Mother's Maiden Name,* | young |
| 7. *Mother's Birthplace,* | Howard County |
| 8. *Full Name of Father,* | John H Miles |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Accomac Co Va |
| *Name of Medical Attendant, or other person who makes this Return,* | |
| *Address,* | Martha E Fiery |
| *Remarks,* | 595 Hickory Ave city |

8971 80493

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

M 1236.]

# RETURN OF A BIRTH. 84426

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18th 1897
4. Place of Birth, (Street and Number) 2016 Penna. Ave
5. Full Name of Mother, Bessie E. Roberts
6. Mother's Maiden Name, " " McDonald
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas. H. Roberts
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah E Def

Address, 1619 W Baltimore

Remarks, 8 9 7 U 0 0 4 4 9 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

Register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 84427

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1117 Mc Elderry St |
| 5. *Full Name of Mother,* | Annie Bernstein |
| 6. *Mother's Maiden Name,* | " Silberman |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | David Bernstein |
| 9. *Father's Occupation* | Storekeeper |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. E. Scherman |
| *Address,* | 72 Albemarle St. |
| *Remarks,* | 8970004495 |

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 8662 8

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, July 18, 1894.
4. Place of Birth, (Street and Number) 510 Roland ave.
5. Full Name of Mother, Lily Virginia Mummert.
6. Mother's Maiden Name, Risser.
7. Mother's Birthplace, Md.
8. Full Name of Father, William H. Mummert.
9. Father's Occupation Machinist.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970004496

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

# RETURN OF A BIRTH. 84429

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18 1897
4. Place of Birth, (Street and Number) 909 Lombard St.
5. Full Name of Mother, Mary Beltar
6. Mother's Maiden Name, " Baron
7. Mother's Birthplace, Roumania
8. Full Name of Father, Charles Beltar.
9. Father's Occupation Manufacturer of Trunks
10. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman.

Address, 42 Albemarle St.

Remarks, 8970004497

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 824430

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 18-97
4. Place of Birth, (Street and Number) 1507 Mullikin Av.
5. Full Name of Mother, Mary Sunkett Johnson
6. Mother's Maiden Name, Md
7. Mother's Birthplace, Henry Sunkett
8. Full Name of Father, Rantaboard
9. Father's Occupation Va
10. Father's Birthplace, G. L. Hummer M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, Johns Hopkins Hospital

Remarks,

8970004498

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84431

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 18 97
4. *Place of Birth, (Street and Number)* 210 S Eutaw Pl.
5. *Full Name of Mother,* Marie Dillehunt
6. *Mother's Maiden Name,* Marie Illgner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* H. B. Dillehunt
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, A C Polk

*Address,* 2038 Madison Ave

*Remarks,* 8 9 7 U 0 0 4 4 9 9

Wm. J. C. Dulany Co., City Printers and Stationers

M 1236.]

# RETURN OF A BIRTH. 84432

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 July
4. *Place of Birth, (Street and Number)* 141 Forest Pk
5. *Full Name of Mother,* Mary Ellis
6. *Mother's Maiden Name,* Mary Leary
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward Ellis
9. *Father's Occupation* Cook
10. *Father's Birthplace,* France

*Name of Medical Attendant,* or other person who makes this Return, Mrs. J. Breidenbach

*Address,* 1417 E. Eager

*Remarks,*

8970004500

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as to each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84433

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 18. 1897
4. Place of Birth, (Street and Number) 849 Frederick Ave Ext.
5. Full Name of Mother, Katie Henderson
6. Mother's Maiden Name, Katie Kearney
7. Mother's Birthplace, Va.
8. Full Name of Father, Jno. F. Henderson
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, L. H. Hunday M. D.

Address, 921 Fred. Ave Ext.

Remarks, 8970004501

Wm J C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84434

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore, 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 18 1897

4. Place of Birth, (Street and Number) 1710 Pennsylvania Ave

5. Full Name of Mother, Mrs Maggie Eva Smith

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas. H. Smith

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Murphy

Address, 11 N. Carey St.

Remarks, 8970004502

Any person under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84435

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 6 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19/97
4. Place of Birth, (Street and Number) #910 Fell St
5. Full Name of Mother, Antonyja Pietro.
6. Mother's Maiden Name, Antonyja Krawalska.
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Pietro.
9. Father's Occupation Laborer.
10. Father's Birthplace, Ostra

Name of Medical Attendant or other person who makes this Return, Mary Bieger.

Address, #721 South Ann St

Remarks, 8 7 7 0 0 0 4 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1246.]

# RETURN OF A BIRTH. 84436

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 7 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 19/97
4. Place of Birth, (Street and Number) # 722 South Bethel St
5. Full Name of Mother, Mary Pawlak.
6. Mother's Maiden Name, Mary Sobisiak.
7. Mother's Birthplace, Germany
8. Full Name of Father, John Pawlak.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Ricgear.

Address, # 721 South Ann St

Remarks,

8970004504

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84437

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule must be filled out in full and the same entered on blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* 1st

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19/97
4. *Place of Birth, (Street and Number)* #1910 Thames St
5. *Full Name of Mother,* Felca Kowalewska
6. *Mother's Maiden Name,* Felca Jachaolska
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Kowalewski.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Anna Grochmal.

*Address,* #1710 Alice Anna St

*Remarks,* none

8 9 7 0 0 0 4 5 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84438

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 19 1897
4. Place of Birth, (Street and Number) 115 Albemarle St
5. Full Name of Mother, Sophie Radwicky
6. Mother's Maiden Name, Lebermann
7. Mother's Birthplace, Russia Minsk State
8. Full Name of Father, Louis Radwicky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia Chernigove State

Name of Medical Attendant, or other person who makes this Return, H. Fleischer M.D.

Address, 143 N. Front St

Remarks,

8970004506

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month preceding (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

ORM 1236]

# RETURN OF A BIRTH. 84439

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d, |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 19 July |
| 4. *Place of Birth, (Street and Number)* | 1438 S. Charles St. |
| 5. *Full Name of Mother,* | Marie Mahle |
| 6. *Mother's Maiden Name,* | Marie Keller |
| 7. *Mother's Birthplace,* | Germania |
| 8. *Full Name of Father,* | John J. Mahle |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Germania |
| *Name of Medical Attendant,* or other person who makes this Return, | [illegible] |
| *Address,* | [illegible] |
| *Remarks,* | |

8970004507

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84240

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15 1897 (1st month)
4. Place of Birth, (Street and Number) Jackson St, Homestead
5. Full Name of Mother, Pauline Reich
6. Mother's Maiden Name, Reich
7. Mother's Birthplace, Germany
8. Full Name of Father, Not Known Not Legally Married
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Hyson, Westbrook M D

Address, 237 Gorsuch ave

Remarks, 8970004503

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-28-52

# RETURN OF A BIRTH. 84441

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Albert ~~Hamilton~~ League, Sr.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 19th 1897
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,* 2225 [illegible]

*Remarks,*

1897 0004509

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1336]

# RETURN OF A BIRTH. 84442

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 19 1897

4. *Place of Birth, (Street and Number)* 1616 Eastern Ave

5. *Full Name of Mother,* Bertha Heil

6. *Mother's Maiden Name,* " Adler

7. *Mother's Birthplace,* Hungary

8. *Full Name of Father,* Isaac A. Heil

9. *Father's Occupation* Cutter

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Dr. Wm. Deutschoff

*Address,* 2225 Druid Hill Ave, Balto, Md.

*Remarks,* 8970004510

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such third day of each and every month to the office of the Commissioner of Health. If such birth should occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84443

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Mulatto.
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* # 619 Bradford St.
5. *Full Name of Mother,* Annie Lippard
6. *Mother's Maiden Name,* Annie Bolton.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Lippard
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Mary M. Taylor

*Address,* # 611 S. Patterson Pk. Ave. Balto Md

*Remarks,* 8 9 7 0 0 0 4 5 1 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84444

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 10-97
4. *Place of Birth, (Street and Number)* 205 N. Durham St.
5. *Full Name of Mother,* Bessie Glen
6. *Mother's Maiden Name,* " Allen
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas. Glen
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Balto Co.

*Name of Medical Attendant,* or other person who makes this Return, G. L. Hummel M.D.

*Address,* J. H. Hospital.

*Remarks,*

8 4 7 0 0 0 4 5 1 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84445

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First (1st) |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 8th 1897 |
| 4. *Place of Birth, (Street and Number)* | 915 Valley Street |
| 5. *Full Name of Mother,* | Emma Frederique Mahon |
| 6. *Mother's Maiden Name,* | Emma Frederique Hughes |
| 7. *Mother's Birthplace,* | Washington D.C. |
| 8. *Full Name of Father,* | James Francis Mahon |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Wooden |
| *Address,* | 1000 E. Fairmount St. |
| *Remarks,* | |

8970004513

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84446

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 97
4. Place of Birth, (Street and Number) 2420 Linden Ave
5. Full Name of Mother, Annie D. Bowen
6. Mother's Maiden Name, Annie D Robinson
7. Mother's Birthplace, City
8. Full Name of Father, Jas H Bowen
9. Father's Occupation, ~~Fireman~~
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Baetus Fetus Jr
Address, 315 N Pace
Remarks, 8970004514

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 84447

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 9th |
| 4. *Place of Birth, (Street and Number)* | Ballot 424 Pinkney Place |
| 5. *Full Name of Mother,* | Maud Brown |
| 6. *Mother's Maiden Name,* | " Baughee |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Richard Brown |
| 9. *Father's Occupation* | Base Ball Player |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Wooden |
| *Address,* | 1000 Hoffman St. |
| *Remarks,* | |

8970004515

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84448

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 10th 1897.

4. Place of Birth, (Street and Number) 335 North Ave. East.

5. Full Name of Mother, Nellie S. Powell

6. Mother's Maiden Name, Ashburn

7. Mother's Birthplace, Balto.

8. Full Name of Father, Benj R. Powell

9. Father's Occupation Brakeman P. R. R.

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address, 801 Madison Ave.

Remarks,

8970004516

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. The person who shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

# RETURN OF A BIRTH. 84449

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 1131 E Madison St |
| 4. *Place of Birth, (Street and Number)* | July 11/97 |
| 5. *Full Name of Mother,* | Margaret McGraw |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | Nicholas McGraw |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | Edwin K. Ballard M.D. |
| *Address,* | |
| *Remarks,* | |

8 9 7 0 0 0 4 5 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

over

# RETURN OF A BIRTH. 84450

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carlyn Stern

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th 97.
4. Place of Birth, (Street and Number) 202 McCollough.
5. Full Name of Mother, ~~Emma~~ Rosa Stern
6. Mother's Maiden Name, Hamburg.
7. Mother's Birthplace, City
8. Full Name of Father, Leopold Stern
9. Father's Occupation, Manfg.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Boston Fem

Address, 310 N Paca

Remarks, 8 9 7 0 0 0 4 5 1 8

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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[Form 1235.]

# RETURN OF A BIRTH. 8457

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 17th
4. Place of Birth, (Street and Number) 2027 Mission St
5. Full Name of Mother, Sallie Belle Gadon
6. Mother's Maiden Name, Sallie Bell Hicks
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Hilton Harrison Gadon
9. Father's Occupation Waiter
10. Father's Birthplace, Fredericksburg Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 503 Baker St.

Remarks, Home

8970004519

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84452

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16th 97.
4. Place of Birth, (Street and Number) 21 Alice St.
5. Full Name of Mother, Alice V. Butterfield
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace, Va.
8. Full Name of Father, David G. Butterfield
9. Father's Occupation School Teacher
10. Father's Birthplace, N. Y. -

Name of Medical Attendant, or other person who makes this Return, J. H. Christhaie M.D.

Address,

Remarks,

1897000 4520

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84453

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20th 97 |
| 4. *Place of Birth, (Street and Number)* | 1727 Pennsylvania Ave. |
| 5. *Full Name of Mother,* | Rebecca Metzger. |
| 6. *Mother's Maiden Name,* | " Steub |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Samuel J. Metzger. |
| 9. *Father's Occupation* | Shoe-merchant |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Thomas Opie M.D. |
| *Address,* | 219 W. Monument St. |
| *Remarks,* | |

8970004521

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

# RETURN OF A BIRTH. 84454

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1117 E. Lanvale St. |
| 5. *Full Name of Mother,* | Mary Wilzie |
| 6. *Mother's Maiden Name,* | Mary Geller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Julius Wilzie |
| 9. *Father's Occupation* | Book Binder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jefferies Beech |
| *Address,* | 1051 Augusta St. |
| *Remarks,* | 8970004522 |

Wm. J. C. Dulany Co,. City Printers and Stationers.

(Section of Act, etc., shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1236]

# RETURN OF A BIRTH. 84455

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 1897
4. Place of Birth, (Street and Number) 202 S. Paca St
5. Full Name of Mother, Katie Simpson
6. Mother's Maiden Name, [illegible] Sinclair
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Simpson
9. Father's Occupation Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Greenhoff

Address, 2225 Druid Hill, Ave Baltimore, Md.

Remarks, 8970004523

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84456

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 20 1897
4. *Place of Birth, (Street and Number)* 1125 E. Chapel St.
5. *Full Name of Mother,* Anna Pelz
6. *Mother's Maiden Name,* Anna Faust
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Pelz
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr. Louis Lee

*Address,* 2225 Eager St, Balto, Md.

*Remarks.*

8970004524

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84457

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 th. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 29, 1897 |
| 4. *Place of Birth, (Street and Number)* | 920 Caulton St. |
| 5. *Full Name of Mother,* | Margaret Jenkins |
| 6. *Mother's Maiden Name,* | Margaret Bunyock |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | James Jenkins |
| 9. *Father's Occupation* | Copper-smelter |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return. | Mary L. Sowers |
| *Address,* | 827 S. Caulton St. |
| *Remarks,* | |

8970004525

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 82458

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 20 1897 |
| 4. *Place of Birth, (Street and Number)* | 1226 E Eliott St. |
| 5. *Full Name of Mother,* | Matilda Jefferson |
| 6. *Mother's Maiden Name,* | Matilda V Rabter |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | William Jefferson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Isaac L. Lavayne |
| *Address,* | 824 E Eastern Ave. |
| *Remarks,* | |

8970004526

Every midwife, undertaker or superintendence of births shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8445-9

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20 1897 |
| 4. *Place of Birth, (Street and Number)* | 1133 William St |
| 5. *Full Name of Mother,* | Estella Wright Farver |
| 6. *Mother's Maiden Name,* | Estella Wright |
| 7. *Mother's Birthplace,* | Carroll County |
| 8. *Full Name of Father,* | William Wright |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Carroll County |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. R. Gaskey |
| *Address,* | 213 E. Hoff. St |
| *Remarks,* | Living Well |

8970004527

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84460

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 20-1897. |
| 4. Place of Birth, (Street and Number) | 2036 W. North ave |
| 5. Full Name of Mother, | Mary Blanche Alexander Thalheimer |
| 6. Mother's Maiden Name, | |
| 7. Mother's Birthplace, | City |
| 8. Full Name of Father, | James McKnight Alexander |
| 9. Father's Occupation | Produce dealer |
| 10. Father's Birthplace, | Charlotte N. C. |
| Name of Medical Attendant, or other person who makes this Return, | C. M. Cook |
| Address, | 1052 Myrtle ave |
| Remarks, | 8970004528 |

Wm. J. C. Dulany Co., City Printers and Stationers

RM 1236.]

GIVEN NAME ADDED 8-11-59

# RETURN OF A BIRTH. 84461

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Elizabeth Forrester 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thu 20 Oct 1892
4. Place of Birth, (Street and Number) No 1737 Carlisle Place
5. Full Name of Mother, Mary Elizabeth Ballard
6. Mother's Maiden Name, Mary Elizabeth Forrester
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Forrester
9. Father's Occupation Can maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo C. Lawn

Address, 20 E 25th Stafford Inf

Remarks, Pat Med

8970004529

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84462

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1127 N Wolfe Street |
| 5. *Full Name of Mother,* | Grace McKay |
| 6. *Mother's Maiden Name,* | Grace Funkhouser |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Paul E McKay |
| 9. *Father's Occupation* | Bricklayer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kron, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

1897 0004530

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84463

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Anna Primas

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3d |
| 1. Sex, (state whether male or female) | Girl |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 20th 1897 |
| 4. Place of Birth, (Street and Number) | 908 N Duncan Alley |
| 5. Full Name of Mother, | Barbara Primas |
| 6. Mother's Maiden Name, | Barbara Koerbel Koerbel |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Joseph (Koerbel) Primas |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs H Knox, Midwife |
| Address, | 1922 E Fayette Street |
| Remarks, | |

8970004531

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236]

# RETURN OF A BIRTH. 84464

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 20 '97 |
| 4. *Place of Birth, (Street and Number)* | 2014 Park ave |
| 5. *Full Name of Mother,* | Mrs. Mary Alice Kuhns |
| 6. *Mother's Maiden Name,* | " " Cook |
| 7. *Mother's Birthplace,* | Canton Ohio |
| 8. *Full Name of Father,* | Wm F Kuhns |
| 9. *Father's Occupation* | Basket Manufactr. |
| 10. *Father's Birthplace,* | Bellefontaine Ohio |
| *Name of Medical Attendant, or other person who makes this Return,* | Thos Chew Worthington |
| *Address,* | 840 W Fayette |
| *Remarks,* | |

1897 0004532

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84465 (over)

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: John Haduch

No. of Child of Mother, (state whether 1st, 2d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20/97
4. Place of Birth, (Street and Number) #922 South Bethel St
5. Full Name of Mother, Mary Hadutk. Haduch
6. Mother's Maiden Name,
7. Mother's Birthplace, Ostra
8. Full Name of Father, John Hadutk. Haduch
9. Father's Occupation Cabinetmaker
10. Father's Birthplace, Ostra

Name of Medical Attendant, or other person who makes this Return, Anna Mary Grochmal.

Address #1710 Alice Anna St

Remarks, none

1897 0004533

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84466

## To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd. |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | July 29th 1897. |
| 4. Place of Birth, (Street and Number) | 1965 W. Lexington St. |
| 5. Full Name of Mother, | Addie Fowler |
| 6. Mother's Maiden Name, | Addie Connor |
| 7. Mother's Birthplace, | North Carolina |
| 8. Full Name of Father, | Charles Fowler |
| 9. Father's Occupation, | Physician |
| 10. Father's Birthplace, | Md. |
| Name of Medical Attendant, or other person who makes this Return, | Hannah Hatchett |
| Address, | 609 Campbell St. |
| Remarks, | |

8 4 7 0 0 0 1 5 3 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #7467

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20th. 1897
4. Place of Birth, (Street and Number) 538 W. Biddle St.
5. Full Name of Mother, Charlotte James
6. Mother's Maiden Name, Bundy
7. Mother's Birthplace, Culpepper Va.
8. Full Name of Father, Alexander James
9. Father's Occupation Laborer
10. Father's Birthplace, Culpepper Va.

Name of Medical Attendant, or other person who makes this Return, C. M. Cook M.D.

Address,

Remarks,

1897 0004535

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84468

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 20 1897
4. *Place of Birth, (Street and Number)* 1018 E. Lexington
5. *Full Name of Mother,* Ella Brockhouse
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm. Brockhouse
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, E. B. Boyd Jr. M.D.

*Address,* 115 W. Lombard St.

*Remarks,*

8970004536

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

# RETURN OF A BIRTH. 84469

GIVEN NAME ADDED 1-29-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Marie Griffith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) seven

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20 1897
4. Place of Birth, (Street and Number) 408 Scott st Balto md
5. Full Name of Mother, Margretta Griffith
6. Mother's Maiden Name, " " Vansriver
7. Mother's Birthplace, Balto city md
8. Full Name of Father, Allen A Griffith
9. Father's Occupation Fruit and Produce dealer
10. Father's Birthplace, Balto city md

Name of Medical Attendant, or other person who makes this Return, Ira Bange

Address, 711 N Gay st

Remarks,

8970004537

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[RM 1236]

# RETURN OF A BIRTH. 84470

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible] 1 Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 July 1897
4. Place of Birth, (Street and Number) 2184 Prince St.
5. Full Name of Mother, Anne Hofmann
6. Mother's Maiden Name, Anne Mayer
7. Mother's Birthplace, Germany
8. Full Name of Father, Heinrich Hofmann
9. Father's Occupation Birkheiber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

1 8 9 7 0 0 0 4 5 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84471

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 21st of July 97 |
| 4. *Place of Birth, (Street and Number)* | 25 Garrison Lane |
| 5. *Full Name of Mother,* | Bale Frederick |
| 6. *Mother's Maiden Name,* | Bale Krous |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John Frederick |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8970004539

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately after it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

GIVEN NAME ADDED 2-10-60

# RETURN OF A BIRTH. 84472

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elinor Elisabeth Garnhausen

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 21st 1897
4. Place of Birth, (Street and Number) 1237 Cliffle Ave
5. Full Name of Mother, Marie K. Garnhausen
6. Mother's Maiden Name, " Lipkin
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, Milton O Garnhausen
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Wm. B. Huck

Address, 647 N Lafayette Ave

Remarks,

8970004540

**Rule.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84473

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One. second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6/21-97
4. Place of Birth, (Street and Number) # 1503 Holbrook St
5. Full Name of Mother, Hannah Schaub
6. Mother's Maiden Name, Hannah Connaughton
7. Mother's Birthplace, Ireland
8. Full Name of Father, Andrew J Schaub
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8970004541

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH. 84474

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 July
4. Place of Birth, (Street and Number) 801 Franklin st. West
5. Full Name of Mother, Rachiel Annie Barbour
6. Mother's Maiden Name, Raichel Annie Stein
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Henry Barbour
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Leadley

Address, 1004 West Lexington St

Remarks, 8970004542

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

# RETURN OF A BIRTH. 84475

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 21 / 97 |
| 4. Place of Birth, (Street and Number) | 717 N. Lombard St. |
| 5. Full Name of Mother, | Annie Martindale |
| 6. Mother's Maiden Name, | Flynn. |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Charles Martindale |
| 9. Father's Occupation | Dairyman |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | H. H. Hebner M.D. |
| Address, | 723 N. Lombard St. |
| Remarks, | 8970004543 |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84476

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st 1897
4. *Place of Birth, (Street and Number)* 723 Cumberland St
5. *Full Name of Mother,* Mary Elizabeth Simmons
6. *Mother's Maiden Name,* Mary Elizabeth Gilliland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Thomas Simmons
9. *Father's Occupation* Sergeant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary E Shipley

*Address,* 721 Cumberland St

*Remarks,*

8970004544

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 84477

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: August Joseph Becker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex*, (state whether male or female) Male.
2. *Race or Color*, (if not of the white race) Wite
3. *Date of Birth*, July 21 1897
4. *Place of Birth*, (Street and Number) 735 Hanover St.
5. *Full Name of Mother*, Kunigunda Becker
6. *Mother's Maiden Name*, " " Phillips
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, H. P. Becker
9. *Father's Occupation*, Shoe Maker
10. *Father's Birthplace*, Balto.

*Name of Medical Attendant*, or other person who makes this Return, Mrs Münch

*Address*, 800 Gadenhall Street.

*Remarks*,

8970004545

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. The midwife shall register a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84478

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2nd~~, ~~3rd~~, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 2 / 95
4. Place of Birth, (Street and Number) 12 East Lemon Balto Md
5. Full Name of Mother, Mrs Annie Baker
6. Mother's Maiden Name, Miss Annie Stark
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Baker
9. Father's Occupation Laborman
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mrs M Finch

Address, 800 Leadenhall Street

Remarks,

8 9 7 0 0 0 4 5 4 6

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84479

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Children

1. Sex, (state whether male or female) Milan / Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7-26-

4. Place of Birth, (Street and Number) 739 Ramsay Ave

5. Full Name of Mother, Mrs. Daisy

6. Mother's Maiden Name, Bird

7. Mother's Birthplace, England

8. Full Name of Father, T. H. Bass

9. Father's Occupation, Fireman Dept Construction

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Bass

Address, 711 N. Luzerne

Remarks, 8970004547

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

# RETURN OF A BIRTH. 8446

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 21 1897 |
| 4. *Place of Birth, (Street and Number)* | 852 Robinson St. |
| 5. *Full Name of Mother,* | Augusta Feaubeurdt |
| 6. *Mother's Maiden Name,* | Augusta Freihire |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Feaubeurdt |
| 9. *Father's Occupation* | Shoe-maker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Drayne |
| *Address,* | 824 S. Caulton St. |
| *Remarks,* | |

8970004548

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84481

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 21 97
4. *Place of Birth, (Street and Number)* 1614 E Baltimore St
5. *Full Name of Mother,* Maggie Gentzge
6. *Mother's Maiden Name,* Stitzbell
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Gentzge
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1606 Baltimore St

*Remarks,* 8970004549

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1235.]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84482

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 21 '97.
4. *Place of Birth, (Street and Number)* 1765 N. Bethel St
5. *Full Name of Mother,* Alice Lomax
6. *Mother's Maiden Name,* " Sappington
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Fred Lomax
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1605 Walker St

*Remarks,*

8970004550

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236.]

monthly, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84483

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 2 '97
4. *Place of Birth, (Street and Number)* 1845 E. N. Duncan Av
5. *Full Name of Mother,* Margaretta Kespreclat
6. *Mother's Maiden Name,* " Rey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Kespreclat
9. *Father's Occupation* Shoe Makers
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Hyller

*Address,* 1605 Walbert

*Remarks,*

8 9 7 0 0 0 4 5 5 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1336.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8446

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21 1897
4. *Place of Birth, (Street and Number)* 1311 Fayette St
5. *Full Name of Mother,* Rachel Adaasey
6. *Mother's Maiden Name,* " Yakalevitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morros Adaasey
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Russia

*Name of Medical Attendant, or other person who makes this Return,* Mrs E. Scherman

*Address,* 42 Altemarle St

*Remarks,*

8 4 7 0 0 0 4 5 5 2

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84485

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2 1897
4. Place of Birth, (Street and Number) 620 E. Baltimore St.
5. Full Name of Mother, Lena Dore
6. Mother's Maiden Name, Lena Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Dore
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Desmond Lee

Address, 2225 Druid Hill Ave

Remarks,

8970004553

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 84486

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, July 21. (8. 20. A. M.)

4. Place of Birth, (Street and Number) 1701. Jerusalem Alley - S. Balto.

5. Full Name of Mother, Mary Elizabeth Strauss.

6. Mother's Maiden Name, Taylor.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Charles Strauss.

9. Father's Occupation Laborer.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, F. M. Kanne / for the

Address, Mothers Relief Society / 1712 Hutton Place.

Remarks,

8970004554

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84487

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, July 22-97
4. Place of Birth, (Street and Number) 701 N Lexington St.
5. Full Name of Mother, Sadie Harris
6. Mother's Maiden Name, Sadie Rosenberg
7. Mother's Birthplace, Balto.
8. Full Name of Father, Sol. Harris
9. Father's Occupation, Clerk
10. Father's Birthplace, ~~California~~ Balto.

Name of Medical Attendant, or other person who makes this Return, Chas F Blake M.D.

Address, 1503 E Baltimore St.

Remarks, 8970004555

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84488

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22d 1897
4. Place of Birth, (Street and Number) 923 Argyle Ave
5. Full Name of Mother, Elizabeth Leitch
6. Mother's Maiden Name, Elizabeth Kuch
7. Mother's Birthplace, Md
8. Full Name of Father, John T. Leitch
9. Father's Occupation, Conductor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. C. K. Jumps MD

Address, 1202 Argyle Ave. 1

Remarks,

8970004556

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

ORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 24489

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22. ( 6. 30. A. M.).
4. Place of Birth, (Street and Number) 1809 Westphali- Place n. Balto.
5. Full Name of Mother, Ursala Anger,
6. Mother's Maiden Name, Pauli.
7. Mother's Birthplace, Tennerberg - Bavaria - Germany.
8. Full Name of Father, Anton Anger,
9. Father's Occupation Bricklayer.
10. Father's Birthplace, Naabburg - Bavar. Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place

Remarks,

8970004557

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84490

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) James Benjamin Crafton Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 22nd 1897.
4. Place of Birth, (Street and Number) 1829 Castle Ave.
5. Full Name of Mother, Henrietta (Crafton) Crafton
6. Mother's Maiden Name, Henrietta Glenlich
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jas. B. (Crafton) Crafton
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, Fremont Ave + 20th St.

Remarks, 8970004558

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

# RETURN OF A BIRTH. 84491

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3rd 1897

4. Place of Birth, (Street and Number) 915 Edmondson Av.

5. Full Name of Mother, Adalaide M. Steiker

6. Mother's Maiden Name, " " Massetti

7. Mother's Birthplace, Crescent City La.

8. Full Name of Father, Edward H. Steiker

9. Father's Occupation Pat. Truck & Wheel

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Dr. Lancey H. Sinclair Jr.

Address, 22 N. Mechanic St

Remarks,

8970004559

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84492

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1897
4. *Place of Birth, (Street and Number)* 602 W. Hamburg St
5. *Full Name of Mother,* Catherine L. Hoffman
6. *Mother's Maiden Name,* " " Frank
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* August C. H. Hoffman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto. Co.

*Name of Medical Attendant,* or other person who makes this Return, Dr. Lancey W. Barclay Jr. M.D

*Address,* 22 W. Monument St

*Remarks,*

8970004560

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84493

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14/1897
4. Place of Birth, (Street and Number) 1534 Lex. St.
5. Full Name of Mother, Mary McCullough
6. Mother's Maiden Name, Mary McCaffrey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas C. McCullough
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, H. Evans

Address, N. E Cor Mary & Fayette.

Remarks,

8970004561

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-18-56

# RETURN OF A BIRTH. 84490

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Irene ~~Ziegler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 16, 1897
4. Place of Birth, (Street and Number) 1209 Mosher St
5. Full Name of Mother, Clara A. Ziegler
6. Mother's Maiden Name, " " Grimes
7. Mother's Birthplace, Balto. City
8. Full Name of Father, J. Harry Ziegler
9. Father's Occupation Paper-hanger
10. Father's Birthplace, Frederick, Md.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N. Eutaw St.

Remarks,

8970004562

Health. This schedule shall contain a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84495

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 20th 1897
4. Place of Birth, (Street and Number) 1709 Druid Hill Ave
5. Full Name of Mother, Teresa Sims
6. Mother's Maiden Name, Teresa Edwards
7. Mother's Birthplace, Balto,
8. Full Name of Father, Edward S. Sims
9. Father's Occupation, Attorney
10. Father's Birthplace, Balto,

Name of Medical Attendant, or other person who makes this Return. C Urban Quattlebaum

Address, 1701 Druid Hill Ave

Remarks.

8 4 7 0 0 0 4 5 6 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1236

# RETURN OF A BIRTH. 2449

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 22nd 97
4. Place of Birth, (Street and Number) 234 E. Eutaw St.
5. Full Name of Mother, Elizabeth Riedel
6. Mother's Maiden Name, Elizabeth Fuchs
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Riedel
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dennis Shea

Address, 2225 North E. Baltimore City

Remarks,

8970004564

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF BIRTH. 8497

GIVEN [redacted] 5-23-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Irene

Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

, (state whether male or female) Female

ce or Color, (if not of the white race) White

e of Birth, July 23 1897

ce of Birth, (Street and Number) Baltimore [illegible] Hospital

Name of Mother, Hannah [illegible]

her's Maiden Name, Ennis

her's Birthplace, Baltimore

Name of Father, Herman Hannah

her's Occupation Cooper

er's Birthplace, Baltimore

e of Medical Attendant, or other person who makes this Return, [illegible]

ress, [illegible]

arks, [illegible]

18970004565

City Printers and Stationers.

# RETURN OF A BIRTH. 84498

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 22 July 1897
4. *Place of Birth, (Street and Number)* 1112 E. Baltimore St.
5. *Full Name of Mother,* Alice Lee
6. *Mother's Maiden Name,* Alice Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lee
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore
11. *Name of Medical Attendant,* or other person who makes this Return, Mrs. Lewis Lee
12. *Address,* 1225 Eager St. Balto. Md.

*Remarks,*

8970004566

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

# RETURN OF A BIRTH. 8499

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 22nd 1897
4. *Place of Birth, (Street and Number)* 311 S. Grant St.
5. *Full Name of Mother,* Annie Hunter
6. *Mother's Maiden Name,* Hamilton
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John H. Hunter
9. *Father's Occupation* Laborer Keeper
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return. Mrs. Dr. Greenbelt

*Address,* 2225 Gough St, Balto, Md.

*Remarks,* 8970004567

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

# RETURN OF A BIRTH. #4500

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 22, 1897 |
| 4. *Place of Birth, (Street and Number)* | 160 Chesapeake St. |
| 5. *Full Name of Mother,* | Mary Sherman |
| 6. *Mother's Maiden Name,* | Mary Trinch |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Charles Sherman |
| 9. *Father's Occupation* | Saloon-keeper |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Drayne |
| *Address,* | 824 S. Carlton St. |
| *Remarks,* | |

8970004568

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

# RETURN OF A BIRTH. 84501

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 22/97 |
| 4. *Place of Birth, (Street and Number)* | 2252 Maple Ave. |
| 5. *Full Name of Mother,* | Anna M. Clark |
| 6. *Mother's Maiden Name,* | Anna M. Myer |
| 7. *Mother's Birthplace,* | New York City. |
| 8. *Full Name of Father,* | George Clark |
| 9. *Father's Occupation* | Traveling Salesman |
| 10. *Father's Birthplace,* | Kansas City |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. H. Vogel M.D. |
| *Address,* | 212 Evergreen Terrace |
| *Remarks,* | 8970004569 |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84502

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~551 Robert~~ St. July 22nd 1897
4. Place of Birth, (Street and Number) 551 Robert St.
5. Full Name of Mother, Martha Peterson
6. Mother's Maiden Name, Martha Beaty.
7. Mother's Birthplace, City.
8. Full Name of Father, Frank J Peterson
9. Father's Occupation, Co. Janitor
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Bastus Free MD

Address, 310 N Paca

Remarks, 8970004570

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

The following shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

[ex 1236.]

# RETURN OF A BIRTH. 84503

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | |
| 3. Date of Birth, | 22nd July 97 |
| 4. Place of Birth, (Street and Number) | 1004 Riverside Ave |
| 5. Full Name of Mother, | Sedonia Floyd |
| 6. Mother's Maiden Name, | " Hanney |
| 7. Mother's Birthplace, | North Humberland Co Va |
| 8. Full Name of Father, | Julius Floyd |
| 9. Father's Occupation | Painter |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Chas E Yarnall |
| Address, | 600 E. Fort Ave |
| Remarks, | |

8 4 7 0 0 0 4 5 7 1

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,- City Printers and Stationers.

# RETURN OF A BIRTH. 84570

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22nd of July 97
4. Place of Birth, (Street and Number) 40 Lemon St
5. Full Name of Mother, Anna P. Bauerwald
6. Mother's Maiden Name, Anna P. Blankner
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward P. Bauerwald
9. Father's Occupation Blumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 216 W. Pratt St

Remarks,

8970004572

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. A 4505

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d~~ 3d, &c.)* 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 22 1897
4. *Place of Birth, (Street and Number)* 623 Hanover St Balt
5. *Full Name of Mother* Mrs Rosa Tribby
6. *Mother's Maiden Name,* Rosa Anderson
7. *Mother's Birthplace,* Anarundal County
8. *Full Name of Father,* Nathan A Tribby
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Petersville Va

*Name of Medical Attendant,* or other person who makes this Return, Mrs Munds

*Address,* 900 Leadenhall Street.

*Remarks,*

8970004573

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 24576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1897
4. Place of Birth, (Street and Number) 1912 Union Ave
5. Full Name of Mother, Annie Herbert
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Adam Herbert
8. Full Name of Father, Huckster
9. Father's Occupation, Baltimore
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Boyd Lyon M.D.

Address, 115 W. Lombard St.

Remarks,

8970004574

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84507

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 22nd. 1897 |
| 4. *Place of Birth, (Street and Number)* | 807 Howard St. |
| 5. *Full Name of Mother,* | Dafney Hill |
| 6. *Mother's Maiden Name,* | Dafney Thornton |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | Wm. H. Hill |
| 9. *Father's Occupation,* | Sailor |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Hannah Hatchett. |
| *Address,* | 609 Campbell St. |
| *Remarks,* | |

8 9 7 0 0 0 4 5 7 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 87578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 22d
4. *Place of Birth, (Street and Number)* 142 Penna ave
5. *Full Name of Mother,* Maggie A. Wallis
6. *Mother's Maiden Name,* [illegible] Samuel
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Albert E. Wallis
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* England

*Name of Medical Attendant, or other person who makes this Return,* John S Huck

*Address,* 647 N Lafayette ave

*Remarks,* 8 9 7 0 0 0 4 5 7 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 8509

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd July
4. *Place of Birth, (Street and Number)* 1134 E Monument St
5. *Full Name of Mother,* Rose Lannon
6. *Mother's Maiden Name,* Rose Carroll
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederan J Lannon
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Annie O Brien

*Address,* 902 Greenmount ave

*Remarks,*

8970004577

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84510

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 th
4. Place of Birth, (Street and Number) 222 Int Elliot Lane
5. Full Name of Mother, Menerva Rebecca Malby
6. Mother's Maiden Name, Menerva Rebecca Clements
7. Mother's Birthplace, Staunton augusta County Virginia
8. Full Name of Father, Charles Richard Haley
9. Father's Occupation Steame fitter
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wicks

Address, Hoffman Lane Baltimore md

Remarks,

8970004578

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8-5-11

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 23/97

4. Place of Birth, (Street and Number) 1816 Braddish ave

5. Full Name of Mother, Carrie V. Carter

6. Mother's Maiden Name, " " Nichol

7. Mother's Birthplace, Cecil Co. Md

8. Full Name of Father, Lorenzo Carter

9. Father's Occupation Bricklayer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gilbraus M.D.

Address, ~~1816 Braddish ave~~ ~~Baltimore~~ 1102 W. Lafayette ave

Remarks,

8970004579

Wm. J. C. Dulany Co., City Printers and Stationers

1235.]

# RETURN OF A BIRTH. 8252

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 23/97
4. *Place of Birth, (Street and Number)* 533 W. Baser St.
5. *Full Name of Mother,* Mary A. Seabrace
6. *Mother's Maiden Name,* " " Bradley
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* John A. Seabrace
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Wycomico Co Md.

*Name of Medical Attendant, or other person who makes this Return,* Thos McLumpkin

*Address,* 412 S Paca St.

*Remarks,*

8970004580

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84513

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 23 July |
| 4. *Place of Birth, (Street and Number)* | 824 E Madison ave |
| 5. *Full Name of Mother,* | Ellen Bristrin |
| 6. *Mother's Maiden Name,* | Ellen Murphy |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | John Bristrin |
| 9. *Father's Occupation,* | Horse Shoer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs Cunningham |
| *Address,* | |
| *Remarks,* | |

8970004581

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the state and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #4574

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23rd 1897 |
| 4. *Place of Birth, (Street and Number)* | 42 E Poppleton st. |
| 5. *Full Name of Mother,* | Sarah Conroy |
| 6. *Mother's Maiden Name,* | " " McKenna |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | William H Conroy |
| 9. *Father's Occupation* | Carriage Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Hanlon |
| *Address,* | N. Poppleton st. |
| *Remarks,* | 2 E |

8970004582

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84515

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 23rd of July 97. |
| 4. *Place of Birth, (Street and Number)* | 120 Old Frederick Road. |
| 5. *Full Name of Mother,* | Anie P. Blabert |
| 6. *Mother's Maiden Name,* | Anie P. Kaprian |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Georg. Fr. Blabert |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Keuler Midwife |
| *Address,* | 216 W Pratt St |
| *Remarks,* | |

8970004583

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 2376

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd 1897
4. Place of Birth, (Street and Number) 1136 West Cross St.
5. Full Name of Mother, Blanche Estelle Germain
6. Mother's Maiden Name, Blanche Estelle Burns
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, Thomas Edward Germain
9. Father's Occupation Street car conductor
10. Father's Birthplace, Towson, Balto. County Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Keller

Address, 6.12 W Hamburg St.

Remarks, 8970004584

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84517

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 22nd July 1897

4. *Place of Birth, (Street and Number)* 1013 Eighth St

5. *Full Name of Mother,* Annie Kline

6. *Mother's Maiden Name,* Annie Winter

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Kline

9. *Father's Occupation* Clothing cutter

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Jno Fah Lewis

*Address,* No 1029 Hanford Ave

*Remarks,* Bal. Md

1897

8 9 7 0 0 0 4 5 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8-518

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 23rd 1897
4. Place of Birth, (Street and Number) 1417 N. Eden
5. Full Name of Mother, Amelia Stewart
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr George Lee
9. Father's Occupation Shoe Black
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Cordealia Howard

Address, # 161 N Chapel st

Remarks,

8 9 7 0 0 0 4 5 8 6

Wm. J. C. Dulany Co. City Printers and Stationers.

# RETURN OF A BIRTH. 84579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23rd 1897
4. Place of Birth, (Street and Number) 1107 Greenmount Ave
5. Full Name of Mother, Maggie A. Dahle
6. Mother's Maiden Name, " " Cooper
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Wm. F. Dahle
9. Father's Occupation, City Water Department
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Carolina st.

Remarks,

8 4 7 0 0 0 4 5 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1336.]

Section 2. The attending physician or midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8-6-20

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, July 23 '97
4. Place of Birth, (Street and Number) 170 N. Chester St
5. Full Name of Mother, Barbara Schayrocks
6. Mother's Maiden Name, " Sipe
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank Schayrocks
9. Father's Occupation Wheelwright
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Madison St

Remarks,

8970004588

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84521

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 Liv

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)* W. Lite.

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)* # 614 S. Patterson Pk. Ave.

5. *Full Name of Mother,* Louisa A. Tennon.

6. *Mother's Maiden Name,* Louisa A Batholomew

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* George H. Tennon.

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Mary M. Lapp

*Address,* # 611 S. Patterson Pk. Ave. Baltimore Md

*Remarks,* 8970004589

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 1-10-63

# RETURN OF A BIRTH 4522

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alexander Ross Demarest

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1897
4. Place of Birth, (Street and Number) 531 Lamm St.
5. Full Name of Mother, Grace E. Demarest
6. Mother's Maiden Name, Grace E. Dix
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. Ross Demarest
9. Father's Occupation, Car Builder
10. Father's Birthplace, York Pa.

Name of Medical Attendant, or other Person who makes this Return. Silas Bacon M D

Address, 700 Lafayette ave

Remarks,

8970004590

under whose charge or Superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH 84523

*To the Office of Registrar of Vital Statistics, Board of Health,*

**BALTIMORE CITY.**

*No. of Child of Mother,* (state whether 1st, 2d, 3d, &c.)

1. *Sex,* (state whether male or female) ~~Male~~
2. *Race or Color,* (if not of the white race)
3. *Date of Birth,* July 24th 1897
4. *Place of Birth,* (Street and Number) #51 S. Arlington Ave
5. *Full Name of Mother,* Sophia Schmidt
6. *Mother's Maiden Name,* Sophia Kachenmeister
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Christian Schmidt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other Person who makes this Return. P. V. Benson M.D.

*Address,* # 1047 Hollins st

*Remarks,*

8970004591

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

JOHN B. PIET, PRINTER & STATIONER, BALT.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84524

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* July 24 1894
4. *Place of Birth, (Street and Number)* 615 Lanvale
5. *Full Name of Mother,* Amanda Kingsbury
6. *Mother's Maiden Name,* Lubeznar
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Charles E Cybert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant, or other person who makes this Return,* Martha E Sing

*Address,* 575 Hickory Av City

*Remarks,* 8970004592

Wm. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84525

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 24/97 819 Forest St.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Norah Connelly

6. Mother's Maiden Name, " Ryan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Edward Connelly

9. Father's Occupation Janitor

10. Father's Birthplace, Balto. C.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Dabney M.D.

Address, Johns Hopkins Hospital.

Remarks,

8970004593

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 24526

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 10 97 |
| 4. *Place of Birth, (Street and Number)* | 709 Columbia ave |
| 5. *Full Name of Mother,* | Katie Brandt |
| 6. *Mother's Maiden Name,* | Katie Braun |
| 7. *Mother's Birthplace,* | Balto. md |
| 8. *Full Name of Father,* | Charles Brandt |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace,* | Balto. md |
| *Name of Medical Attendant,* or other person who makes this Return, | Harry Boyd |
| *Address,* | 677 Columbia ave |
| *Remarks,* | |

8970004594

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

Register of Births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84527

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 22 97 |
| 4. *Place of Birth, (Street and Number)* | 732 Conway St. |
| 5. *Full Name of Mother,* | Maggie Holmberg |
| 6. *Mother's Maiden Name,* | Maggie Beckmade |
| 7. *Mother's Birthplace,* | Balto. md |
| 8. *Full Name of Father,* | Edward Holmberg |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Balto. md |
| *Name of Medical Attendant,* or other person who makes this Return, | Harry Boyd |
| *Address,* | 677 Columbia ave |
| *Remarks,* | 8970004595 |

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84528

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Five. |
| 1. Sex, (state whether male or female) | Male. |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 24th. |
| 4. Place of Birth, (Street and Number) | 1014 Clifton Place |
| 5. Full Name of Mother, | Delia Hughes. |
| 6. Mother's Maiden Name, | Delia Mc Hale. |
| 7. Mother's Birthplace, | Ireland. |
| 8. Full Name of Father, | Martin J. Mc Hale. |
| 9. Father's Occupation, | Laborer. |
| 10. Father's Birthplace, | Baltimore. |
| Name of Medical Attendant, or other person who makes this Return. | Kate Cunningham. |
| Address, | |
| Remarks, | |

8970004596

Wm J. C. Dulany Co., City Printers and Stationers.

Section 1. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

# RETURN OF A BIRTH. 84529

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 24, 1877.
4. Place of Birth, (Street and Number) 3000 Edmondson ave.
5. Full Name of Mother, Francis Christmas.
6. Mother's Maiden Name, Merryman.
7. Mother's Birthplace, Md.
8. Full Name of Father, John Christmas.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8 9 7 0 0 0 4 5 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236.]

# RETURN OF A BIRTH. 84530

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 24th 1897 |
| 4. *Place of Birth, (Street and Number)* | 939 Eutaw St |
| 5. *Full Name of Mother,* | Blanche Whitmore |
| 6. *Mother's Maiden Name,* | Blanche Ingram |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Wesley Whitmore |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Josephine Bacon |
| *Address,* | 1051 Argyle St |
| *Remarks,* | |

8 9 7 0 0 0 4 5 9 8

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84531

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 24th 97 |
| 4. *Place of Birth, (Street and Number)* | 1708 Hoffman Place |
| 5. *Full Name of Mother,* | Lillie Wichelm |
| 6. *Mother's Maiden Name,* | Lillie Blake |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | John F Wichelm |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm A Hamilton M.D |
| *Address,* | 1213 N Broadway Balto Md |
| *Remarks,* | 897000 4599 |

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84532

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of July 91.
4. Place of Birth, (Street and Number) 2013 Ramsey St
5. Full Name of Mother, Thina Otter
6. Mother's Maiden Name, Thina Thaw
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Otter
9. Father's Occupation Schoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W. Pratt St.

Remarks,

8970004600

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84533

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1917
4. Place of Birth, (Street and Number) 626 George St.
5. Full Name of Mother, Mary Gertrude McCarthy
6. Mother's Maiden Name, " " Leonard
7. Mother's Birthplace, New York City
8. Full Name of Father, John T. McC
9. Father's Occupation, Physician
10. Father's Birthplace, Hartford Conn.

Name of Medical Attendant, or other person who makes this Return, J. T. McCarthy M.D

Address, 626 George St.

Remarks,

8970004601

The Registrar shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84534

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 10th 1897. |
| 4. *Place of Birth, (Street and Number)* | 18 Parkin St. |
| 5. *Full Name of Mother,* | Ida V. Disney |
| 6. *Mother's Maiden Name,* | " " Davis |
| 7. *Mother's Birthplace,* | Balto. City Md. |
| 8. *Full Name of Father,* | W. R. B. Disney |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Balto. County |
| *Name of Medical Attendant, or other person who makes this Return,* | J. F. McCarthy M.D. |
| *Address,* | 626 George St |
| *Remarks,* | |

8970004602

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84535

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 24th 1897
4. *Place of Birth, (Street and Number)* 1739 Mc Kaypen Street
5. *Full Name of Mother,* Anna Lennert
6. *Mother's Maiden Name,* Anna Vogel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Lennert
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs H Kraus Midwife

*Address,* 1922 E Fayette Street

*Remarks,* 8970004603

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84536

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Jan 1897
4. *Place of Birth, (Street and Number)* No 42 Appleton
5. *Full Name of Mother,* Annie Whitfield
6. *Mother's Maiden Name,* Annie Bis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Whitfield
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Jno C. Dacon

*Address,* No 1134 Harford Ave

*Remarks,* Full Term

8 9 7 0 0 0 4 6 0 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84537

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th July 1894
4. Place of Birth, (Street and Number) 1816 N Charles St
5. Full Name of Mother, Katie Dorn
6. Mother's Maiden Name, Katie Collings
7. Mother's Birthplace, Howard Co
8. Full Name of Father, Patrick Dorn
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C A Bracken

Address, 1528 Light St

Remarks, Doing Well

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Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, ~~3d~~ &c.)* Emma Marguerite Bahlke

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 24-1897
4. *Place of Birth, (Street and Number)* 1704 E. Lanvale St
5. *Full Name of Mother,* Mrs Bahlke
6. *Mother's Maiden Name,* Wife Ruprecht
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo W. Bahlke
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return. Geo F. Laubheim M.D.

*Address,* 125 N. Broadway

*Remarks,* GIVEN NAME ADDED. 12-9-52

8970004606

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84539

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.) 2-

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 24 of June 1897 at 10 minutes of 8. a.m
4. Place of Birth, (Street and Number) 707 North Gilmor Street-
5. Full Name of Mother, Lucretia E Johnson
6. Mother's Maiden Name, — — Sandlan
7. Mother's Birthplace, Norfolk county V.a.
8. Full Name of Father, Chas. Henry Johnson
9. Father's Occupation, Coloter and Plaint works
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Josephine Ames - Cooper

Address, 920 Shuter Street

Remarks, Both are well mother and Daughter

8 9 7 0 0 0 4 6 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is called to the requirements of Section 1 of Article 43 of the Code of Public Local Laws of Baltimore City, which reads as follows: Every physician, midwife or other person in attendance upon any case of birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84540

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday July 25 1897
4. Place of Birth, (Street and Number) 918 Lee St Balto Md
5. Full Name of Mother, Mrs Joseph Priscilla
6. Mother's Maiden Name, Maggie May Taylor
7. Mother's Birthplace, New Market Eastern Shore N.J.
8. Full Name of Father, Joseph Franklin Priscilla
9. Father's Occupation Painter
10. Father's Birthplace, 76 S Carrollton Ave Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs L Stanton

Address, 918 Lee St Balto Md

Remarks,

8970004608

If any child, the name of which is not given as required by the foregoing schedule, shall not be registered within one month, the name shall be given as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

GIVEN NAME ADDED 3-10-58

# RETURN OF A BIRTH. 84541

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Hilda Estelle Gatehart

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th July 1899
4. Place of Birth, (Street and Number) 1425 Hanover St
5. Full Name of Mother, Hettie Gatehart
6. Mother's Maiden Name, Hettie Smith
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Hammond Gatehart
9. Father's Occupation Conductor B & ORR
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light St

Remarks, Doing Well

8 4 5 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~etc.~~)* | 3rd |
| 1. *Sex, (state whether ~~male~~ or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 25/97 |
| 4. *Place of Birth, (Street and Number)* | #1824 South Bond St |
| 5. *Full Name of Mother,* | Prachaeda Pinlewacka. |
| 6. *Mother's Maiden Name,* | P. Kowalewska. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Pinlewacki |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return. | ~~Rina~~ Mary Grochmal. |
| *Address,* | #1710 Alice Anna St |
| *Remarks,* | None |

8970004610

Wm. J. C. Dulany Co., City Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

# RETURN OF A BIRTH.

87573

*To the Office of Registrar of Vital Statistics, Board of Health,*

***BALTIMORE CITY.***

July 3, 1897

*No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* 10

*1. Sex (state whether Male or Female)* male

*2. Race or Color (if not of the white race)* white

*3. Date of Birth* July 25, 1897

*4. Place of Birth (Street and Number)* 851 York Road Waverly.

*5. Full Name of Mother* Mrs. Margaret Ann Cooper

*6. Mother's Maiden Name* Miss Margaret Ann Collison

*7. Mother's Birthplace* Oxford Maryland

*8. Full Name of Father* Mr William George Cooper

*9 Father's Occupation* Express driver.

*10. Father's Birthplace* Yonkers New York

*Name of Medical Attendant, or other Person who makes this Return.* Mrs. Rosina Ann Kirby.

*Address* York Road and Friendship Lane Waverly.

*Remarks* None.

8970004611

1236

# RETURN OF A BIRTH. 84544

GIVEN NAME ADDED 12-8-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith Robinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 1897
4. Place of Birth, (Street and Number) 811 W. Barre st
5. Full Name of Mother, B. Agnes Robinson
6. Mother's Maiden Name, B. Agnes Grindell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lawrence Robinson
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

8970004612

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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FORM 1236]

# RETURN OF A BIRTH. 84545

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such births, who shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 30 1897 |
| 4. *Place of Birth, (Street and Number)* | 804 E Chesapeake St. |
| 5. *Full Name of Mother,* | Barbara Gibson |
| 6. *Mother's Maiden Name,* | Barbara Rensline |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Leonard Gibson |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L Swayne |
| *Address,* | 824 S. Dartmouth St. |
| *Remarks,* | |

8970004613

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84576

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 22nd 1907
4. *Place of Birth, (Street and Number)* 2230 McElderry St.
5. *Full Name of Mother,* Elmira Phillips
6. *Mother's Maiden Name,* Elmira McPhail
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Phillips
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Dimmick Miller

*Address,* 2225 Orleans St. Balto. Md.

*Remarks,* 8970004614

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84547

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 25 1917
4. *Place of Birth, (Street and Number)* 107 S. Broadway
5. *Full Name of Mother,* Mamie Richardson
6. *Mother's Maiden Name,* Mamie Pierce
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Richardson
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. L. Dissenhuffer

*Address,* 2225 Lloyd St. Balto, Md.

*Remarks,*

8970004615

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84578

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~ 3d, &c.) .....

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 25th 97
4. Place of Birth, (Street and Number) 115 Harrison Ave
5. Full Name of Mother, Amelia Diamon
6. Mother's Maiden Name, Amelia Hess
7. Mother's Birthplace, Balt.
8. Full Name of Father, Harris Diamon
9. Father's Occupation Tailor
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Thomas Cuddihy M.D.

Address, 700 E. Baltimore St. Md

Remarks,

8970004616

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 84529

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 25th 1897
4. *Place of Birth, (Street and Number)* #242 South Ave.
5. *Full Name of Mother,* Katie Brennan
6. *Mother's Maiden Name,* Hoe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fredrick Brennan
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Dr. Greenbaum

*Address,* #2225 Gough St. City

*Remarks,* 8970004617

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84553

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | July 26. 1897 |
| 4. *Place of Birth, (Street and Number)* | Home |
| 5. *Full Name of Mother,* | " Pastrana |
| 6. *Mother's Maiden Name,* | Annie Hunter |
| 7. *Mother's Birthplace,* | Va |
| 8. *Full Name of Father,* | " " " |
| 9. *Father's Occupation* | " " " |
| 10. *Father's Birthplace,* | " " " |
| *Name of Medical Attendant, or other person who makes this Return,* | Swan E Bailey |
| *Address,* | #8. North St. Waverly, Baltimore City |
| *Remarks,* | " " |

8970004618

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84551

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 26 1897
4. *Place of Birth, (Street and Number)* 120 Bond and Chase sts
5. *Full Name of Mother,* Carrie Lander
6. *Mother's Maiden Name,* Forty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. Lander
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, Thomas Bullock M.D.

*Address,* 237 Gilmor Entrance

*Remarks,* 8970004619

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84552

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male White

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 26th 1897

4. *Place of Birth, (Street and Number)* 15 Bidwell St,

5. *Full Name of Mother,* Louisa Meisenhelter

6. *Mother's Maiden Name,* Katzman

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Louis Meisenhelter

9. *Father's Occupation* Cabinet Maker

10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Meisenhelper

*Address,* 2225 Eaton St, Balto, Md.

*Remarks.* 8970004620

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84553

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 th. |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 26th July 1897. |
| 4. *Place of Birth, (Street and Number)* | 809 Cannon st. |
| 5. *Full Name of Mother,* | Nellie Kaspschik |
| 6. *Mother's Maiden Name,* | Speis |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Andrea Kaspschik |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs F. Liersemann. |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | 8970004621 |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84534

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 26 ( 10.45 P. M.)

4. Place of Birth, (Street and Number) 137 W. Hamburg Street.

5. Full Name of Mother, Margaretha Weber,

6. Mother's Maiden Name, Schmidt,

7. Mother's Birthplace, Hardt - Bavaria - Germany.

8. Full Name of Father, Joseph Weber,

9. Father's Occupation, Show case maker,

10. Father's Birthplace, Schwarze Pfütze - Bavaria - Germany

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kamm (for the

Address, Mothers Relief Society, 1412 Eutaw Place.

Remarks,

8 7 0 0 0 4 6 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health has the power to require the return of a birth; and the Commissioner of Health has the power to require the return of a certificate between the first and tenth days after the

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# RETURN OF A BIRTH. 84555

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 July
4. *Place of Birth, (Street and Number)* 1356 Towson st.
5. *Full Name of Mother,* Ingnis Reinhardt.
6. *Mother's Maiden Name,* J. Knappe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Reinhardt.
9. *Father's Occupation* Laboar
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Asst. Mgr.

*Address,* 1331 Hull St. Balto. Md.

*Remarks,*

8 4 7 0 0 0 4 6 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8455

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

84556

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st. |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 26 1897. ✓ |
| 4. Place of Birth, (Street and Number) 239 | High St. ✓ |
| 5. Full Name of Mother, | Sophia Berman ✓ |
| 6. Mother's Maiden Name, | " Superesky ✓ |
| 7. Mother's Birthplace, | Russia |
| 8. Full Name of Father, | Simon Berman |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace, | Russia |
| Name of Medical Attendant, or other person who makes this Return, | Mrs. E. Scherma |
| Address, | 42 Albemarle St. |
| Remarks, | 8 9 7 0 0 0 4 6 2 4 |

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...the office of the Commissioner of Health. In case the birth of any child ...attendance of a physician or practioner of midwifery, or should no other person be in ...the date and place of birth; and the ...ioner in the form of a certificate between the first and ...any shall have

Wm. J. C. Dulany Co., City Printers and Stationers.

1897
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# RETURN OF A BIRTH. 84111

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd.
4. Place of Birth, (Street and Number) 1118 Pratt St
5. Full Name of Mother, Hanna Baser
6. Mother's Maiden Name, Hanna Goldman
7. Mother's Birthplace, Satomer Russia
8. Full Name of Father, Benny Baser
9. Father's Occupation Tailor
10. Father's Birthplace, Satomer Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Yetta Klavansky

Address, 1022 E Lombard St

Remarks,

1897U004625

Wm. J. C. Dulany Co., City Printers and Stationers.

To secure a birth, and shall enter the same on blank schedule, to be furnished by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

# RETURN OF A BIRTH. 84112

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22 Th July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1426 Battery ave |
| 5. *Full Name of Mother,* | Bridget Gannon |
| 6. *Mother's Maiden Name,* | Bridget Gannahan |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | John Gannon |
| 9. *Father's Occupation* | Foreman B&R R |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | E L Brookes |
| *Address,* | 1828 Linst St |
| *Remarks,* | Dang Well |

8 9 7 0 0 0 4 6 2 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above requited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH, 84113

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | July 22 1897 |
| 4. *Place of Birth, (Street and Number)* | 1414 Pa ave |
| 5. *Full Name of Mother* | Wilhemina Bloosman |
| 6. *Mother's Maiden Name* | " Jackson |
| 7. *Mother's Birthplace* | Virginia |
| 8. *Full Name of Father* | Thos Bloosman |
| 9. *Father's Occupation* | Electrician |
| 10. *Father's Birthplace* | Russia |
| *Name of Medical Attendant,* or other Person who makes this Return. | Wm. Lewis MD |
| *Address* | 1220 Linden ave |
| *Remarks* | Twins |

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# RETURN OF A BIRTH, 84114

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | July 22 1897 |
| 4. *Place of Birth, (Street and Number)* | 1410 Pa ave |
| 5. *Full Name of Mother* | Wilhemina Bressman |
| 6. *Mother's Maiden Name* | " Jackson |
| 7. *Mother's Birthplace* | Virginia |
| 8. *Full Name of Father* | Wm. Bressman |
| 9. *Father's Occupation* | Electrician |
| 10. *Father's Birthplace* | Prussia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm Lewis MD |
| *Address* | 1220 Riedenour |
| *Remarks* | One of Triplets |

8970004628

# RETURN OF A BIRTH, 84115

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth* | July 2nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1410 Pa Av |
| 5. *Full Name of Mother* | Wilhemina Bussman Jackson |
| 6. *Mother's Maiden Name* | " |
| 7. *Mother's Birthplace* | Va |
| 8. *Full Name of Father* | Thos Bussman |
| 9. *Father's Occupation* | Electrician |
| 10. *Father's Birthplace* | Russia |
| *Name of Medical Attendant, or other Person who makes this Return.* | Wm Lewis MD |
| *Address* | 1220 Linden ave |
| *Remarks* | J. Fields |

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FORM 1236]

# RETURN OF A BIRTH. 84116

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 22 d 97. |
| 4. *Place of Birth, (Street and Number)* | 1826 St Paul St. |
| 5. *Full Name of Mother,* | Nannie Snow Wilson Martin |
| 6. *Mother's Maiden Name,* | Nannie Snow Wilson |
| 7. *Mother's Birthplace,* | Snow Hill — Md |
| 8. *Full Name of Father,* | Edward D. Martin |
| 9. *Father's Occupation* | Attorney at Law. |
| 10. *Father's Birthplace,* | Snow Hill — Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Robt T Wilson |
| *Address,* | 820 Park Ave |
| *Remarks,* | |

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SECTION 2. Any midwife or physician or other person having charge or superintendence of a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any,) and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1236.]

# RETURN OF A BIRTH. 84167

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. |
| 1. *Sex, (state whether male or female)* | Boy. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 23. July. |
| 4. *Place of Birth, (Street and Number)* | N. 1733. Fairmount Av. |
| 5. *Full Name of Mother,* | Bertha Fox. |
| 6. *Mother's Maiden Name,* | Bertha Hirsch. |
| 7. *Mother's Birthplace,* | Germania. |
| 8. *Full Name of Father,* | Jos. Fox. |
| 9. *Father's Occupation* | Bismesman. |
| 10. *Father's Birthplace,* | Germania. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary E. Glass. |
| *Address,* | N. E. N. Wolfe. Street |
| *Remarks,* | |

8970004631

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84118

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* July 23/97
4. *Place of Birth, (Street and Number)* 1026 Park Ave
5. *Full Name of Mother,* Mrs Clara J. Jarmon
6. *Mother's Maiden Name,* Clara Packwell
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Wm Marshall Jarmon
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* N.C.

*Name of Medical Attendant,* or other person who makes this Return, Morris L. Peters M.D.

*Address,* 1344 Druid Hill Ave

*Remarks,*

8970004632

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84119

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 23, 1897
4. *Place of Birth, (Street and Number)* N° 2326 Monument St
5. *Full Name of Mother,* Agness Foster
6. *Mother's Maiden Name,* Kenney
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Foster
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs G. Gross

*Address,* N° 1907 E Monument Str

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84/20

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 10

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth 23 of July at 10 Minutes of 8 A.M. 1857
4. Place of Birth, (Street and Number) 504 Lutes Street
5. Full Name of Mother, Sarah Magnett Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto. city Md.
8. Full Name of Father, Charles H. Stanford
9. Father's Occupation labor
10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other person who makes this Return, Josephine Ames, Surgeon

Address, 920 Shuter Street

Remarks, Mother and baby are both well

Balto 84/10004634

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84121

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child 1897.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 24th 1897

4. Place of Birth, (Street and Number) 2118 E Eting Pl-

5. Full Name of Mother, Lizzie Perry

6. Mother's Maiden Name, Lizzie Bailey Davis

7. Mother's Birthplace, Virginia

8. Full Name of Father, Upshur Perry

9. Father's Occupation, Laborer

10. Father's Birthplace, Caroline Co. Va.

Name of Medical Attendant, or other person who makes this Return. Mary Henry

Address,

Remarks, 1897 0004635 21-

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84122

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full native and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4 1897
4. Place of Birth, (Street and Number) 1530 E. Pratt
5. Full Name of Mother, Emma Powell
6. Mother's Maiden Name, Hangamer
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph A Powell
9. Father's Occupation Waiter
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, C. B. Schwatka M. D.

Address, 1603 N Broadway

Remarks,

8970004636

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84/23

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 1884
4. Place of Birth, (Street and Number) 1631 Hartford Ave
5. Full Name of Mother, Helen McMillan
6. Mother's Maiden Name, " McManus
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm McMillan
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. W A Bloodwood MD

Address, Guilford Ave & 21st St.

Remarks,

8970004637

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of the practitioner, the date and place of birth, and the full name, sex, color, the full name and occupation of its parents, the date and place of each child, if any shall have been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84124

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* June 24th 97

4. *Place of Birth, (Street and Number)* 1112 E. Baltimore St

5. *Full Name of Mother,* Annie Smith

6. *Mother's Maiden Name,* Whitlow

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joseph T. Smith

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. L. Gross.

*Address,* No 1907 E. Monument St

*Remarks,*

8970004638

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84125

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female, Bertha 8/2/20 A.C.S
2. Race or Color, (if not of the white race) White,
3. Date of Birth, July 21st " 1897
4. Place of Birth, (Street and Number) No. 2 Washington St Homestead
5. Full Name of Mother, Mrs Mary E. Fields
6. Mother's Maiden Name, Miss Mary E. Byrne
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Perry Gordon Fields
9. Father's Occupation, Clerk -
10. Father's Birthplace, Salisbury Md

Name of Medical Attendant, or other person who makes this Return, D. Wyl. Chatfield.

Address, 1301 N. Gilmor St.

Remarks,

8970004639

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

M 1236.]

# RETURN OF A BIRTH. 84126

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 25th 1897 |
| 4. *Place of Birth, (Street and Number)* | No 610 E Dallas St |
| 5. *Full Name of Mother,* | Lena Whitner |
| 6. *Mother's Maiden Name,* | Lena Sellers |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Chas Whitner |
| 9. *Father's Occupation* | Musician |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. Anna Lenz midwife |
| *Address,* | No 1539 Aliceanna Street |
| *Remarks,* | |

8 9 7 0 0 0 4 6 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84127

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 25 1897 |
| 4. *Place of Birth, (Street and Number)* | 1631 Madison Ave |
| 5. *Full Name of Mother,* | Cecil Davis McCormack |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Louisiana |
| 8. *Full Name of Father,* | Alex. M. Davis |
| 9. *Father's Occupation* | Police U.S.A |
| 10. *Father's Birthplace,* | Rhode Island |
| *Name of Medical Attendant,* or other person who makes this Return, | H. Wilson |
| *Address,* | 1008 Mad. Ave |
| *Remarks,* | |

8970004641

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# RETURN OF A BIRTH, 84/28

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jr
3. *Date of Birth* 4 AM July 28th 1897
4. *Place of Birth, (Street and Number)* 2702 Boston St
5. *Full Name of Mother* Ellen Lewis
6. *Mother's Maiden Name* Ellen Leider
7. *Mother's Birthplace* Pa
8. *Full Name of Father* Azriel Lewis
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

*Name of Medical Attendant, or other Person who makes this Return.* J E Richard MD

*Address* 1010 Chesapeake St

*Remarks* Very large Child Easily born

Both 8 9 7 0 0 0 4 6 4 2

# RETURN OF A BIRTH. 84 129

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 3-

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, July 1- at 10 oclock P.m 1897
4. Place of Birth, (Street and Number) 812 - N. Dallas street
5. Full Name of Mother, Nettie Johnson
6. Mother's Maiden Name, ——— askins
7. Mother's Birthplace, Baltimore city m.d
8. Full Name of Father, Lum Johnson
9. Father's Occupation odd jobs
10. Father's Birthplace, Baltimore city m.d

Name of Medical Attendant, or other person who makes this Return, Josephine Amos - Cooper

Address, 820 Shuter street

Remarks, mother and Daughter both married

84 7 0 0 0 4 6 4 3 5 M.D

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84130

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7. Children

1. *Sex, (state whether male or female)* Mail

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 4. th 1897

4. *Place of Birth, (Street and Number)* Balto. 906 Rabun street

5. *Full Name of Mother,* Mary Elizabeth Jones

6. *Mother's Maiden Name,* Mary Elizabeth Bailey

7. *Mother's Birthplace,* Baltimore City

8. *Full Name of Father,* James George Jones

9. *Father's Occupation* Private Coachman

10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Annie A. Cornish

*Address,* 871. Boid Street

*Remarks,*

8 9 7 0 0 0 4 6 4 4

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 84131

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 6 — 1897
4. Place of Birth, (Street and Number) 804 N. Front St.
5. Full Name of Mother, Catharina O. Connell
6. Mother's Maiden Name, Bubert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Dennis Joseph O Connell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address. 1429 E. Fratt St.

Remarks. 8970004645

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84132

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 9th 1897
4. *Place of Birth, (Street and Number)* Baltimore No 2017 Ettinge st
5. *Full Name of Mother,* Sarah Catherine Archer
6. *Mother's Maiden Name,* Sarah Catherine Gross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Beverly Archer
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Louisana

*Name of Medical Attendant,* or other person who makes this Return, [illegible]

*Address,* 324 Mad. Avenue

*Remarks,* 897 0004645

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-12-64

# RETURN OF A BIRTH 84133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Lillian Marie Short

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, July 13th 1897
4. Place of Birth, (Street and Number) 427 Druid Hill Ave.
5. Full Name of Mother, Alepina Eliz. Short
6. Mother's Maiden Name, " Hayden.
7. Mother's Birthplace, Ga.
8. Full Name of Father, Robert Short
9. Father's Occupation, Porter.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, H. F. Carr, G. P. D.

Address, 535 N. Lanvale St.

Remarks, 84700046 47

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

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# RETURN OF A BIRTH. 84134

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sixteenth of July
4. *Place of Birth, (Street and Number)* No 1707 Ethel Ave
5. *Full Name of Mother,* Julia Matthews
6. *Mother's Maiden Name,* Julia Hawkins
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* James Matthews
9. *Father's Occupation* Waiting
10. *Father's Birthplace,* Harford Co Md

*Name of Medical Attendant, or other person who makes this Return,* Mary Jane Fossett

*Address,* No 534 Dolphin Str

*Remarks,* 8970004648

Wm. J. C. Dulany Co., City Printers and Stationers

...dule, to be furnished by the Commissioner of ... shall enter the same on blank schedule, ... have occurred under his or her care during the ... the full name of each child, (if any,) and the ... its parents, the date and place of birth, and the ... in the form of a certificate between the first and ... sioner of Health. In case the birth of any child ... of midwifery, or should no other person be in ... become the duty of the person or parents of such ... and within the period above required, and ... manner and with the provisions of this section shall be sub- ... child to report its birth to the Commissioner of Health, in the manner ... attendance upon the mother, immediately thereafter it shall become the ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten dollars for each offence, to be recovered as ... rcel as other fines and forfeitures are recoverable.

**Health. This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained the ... been conferred, its sex, color, the full name and occupation of its parents, ... said schedule shall be delivered, duly signed by the practitioner in the ... third day of each and every month to the office of the Commissioner of ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ...

10/2/55 84

GIVEN NAME ADDED

# RETURN OF A BIRTH. 84135

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Earl Jackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 of July 1897
4. Place of Birth, (Street and Number) 125 N. Russ Sts
5. Full Name of Mother, Nora Jackson
6. Mother's Maiden Name, Nora Collins
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Jackson
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hill

Address, 207 N. Castle Sts

Remarks, ~ ~ ~ ~

8970004649

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84/96

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 2nd of July 1897 |
| 4. *Place of Birth, (Street and Number)* | 2038 Hoshland-Ave |
| 5. *Full Name of Mother,* | Franciska Roth |
| 6. *Mother's Maiden Name,* | Franciska Schreiber |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Heinrich Roth |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Ida Mills |
| *Address,* | 207 N. Castle St |
| *Remarks,* | |

8970004650

register of such birth, and shall enter the same on plain schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84137

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth, and the full name, sex, color, the full name and occupation of its parents, the date and place of birth, first and been conferred, duly signed by the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child every month to the office of the Commissioner of midwifery, or should no other person or parents of such third day of each and without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such shall occur upon the mother, immediately thereafter it shall become the duty of the person above required, and attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. | *Sex, (state whether male or female)* | Boy |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | Tuesday July 20 1897 |
| 4. | *Place of Birth, (Street and Number)* | 416 Lexington St |
| 5. | *Full Name of Mother,* | Ida Cohen |
| 6. | *Mother's Maiden Name,* | " Gail |
| 7. | *Mother's Birthplace,* | Russia |
| 8. | *Full Name of Father,* | Harry Cohen |
| 9. | *Father's Occupation,* | Tailor |
| 10. | *Father's Birthplace,* | Russia |
| | *Name of Medical Attendant, or other person who makes this Return,* | M. B. & Lombard St |
| | *Address,* | Mrs. J. Feldman, |
| | *Remarks,* | 8970004651 Fore & Fin |

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 84138

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 22nd July 1897
4. *Place of Birth, (Street and Number)* Carlent 1st - No 8.
5. *Full Name of Mother,* Georgeanna Wooden
6. *Mother's Maiden Name,* Georgeanna Nicols
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* George S wooden
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return J Carlin Green

*Address,* 1066 Rotary St.

*Remarks,* no

8970004652

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 84139

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | 24 July 1897. |
| 4. *Place of Birth, (Street and Number)* | 1430 Mosher St. |
| 5. *Full Name of Mother,* | Lizzie D. Gay, |
| 6. *Mother's Maiden Name,* | Slattery, |
| 7. *Mother's Birthplace,* | Hanford Co, Md |
| 8. *Full Name of Father,* | Geo. W. Gay, |
| 9. *Father's Occupation* | Carpenter, |
| 10. *Father's Birthplace,* | Hanford Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | E. F. Engle M.D. |
| *Address,* | 1007 W. Fayette St |
| *Remarks,* | |

8970004653

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 82140

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24 1897
4. Place of Birth, (Street and Number) 15 N Monford Ave
5. Full Name of Mother, Louisa Boase
6. Mother's Maiden Name, " Thompson
7. Mother's Birthplace, England
8. Full Name of Father, W.M. Boase
9. Father's Occupation Boiler Inspector
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, J. P. Spickard M.D.

Address, 14 N Patterson Pk Ave

Remarks,

8970004654

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84141

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1917
4. Place of Birth, (Street and Number) 1643 Ashland ave
5. Full Name of Mother, Birdie May Diedeman Bartholomew
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Louis Diedeman
9. Father's Occupation Jewelry Engraver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return James Nicholas Ford MD

Address, 819 Virginia Street

Remarks,

1897000465 5

The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84142

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third & Fourth |
| 1. *Sex, (state whether male or female)* | both female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 26 1897 |
| 4. *Place of Birth, (Street and Number)* | 653 W Lombard |
| 5. *Full Name of Mother,* | Anna Shaffer |
| 6. *Mother's Maiden Name,* | Lapedes |
| 7. *Mother's Birthplace,* | ~~Russia~~ Russia |
| 8. *Full Name of Father,* | Sabbatia Shaffer |
| 9. *Father's Occupation,* | Minister |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant, or other person who makes this Return.* | A Friedenwald |
| *Address,* | 310 N Eutaw St |
| *Remarks,* | Twins, both feet presentation |

8 4 7 0 0 0 4 6 5 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Commissioner of Health, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 84143

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1st
4. Place of Birth, (Street and Number) 712 S. Bethel St.
5. Full Name of Mother, Annie Fuller
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks,

8 7 7 0 0 0 4 6 5 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84144

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 2
4. Place of Birth, (Street and Number) [illegible] Wilde St.
5. Full Name of Mother, Jennie Šojar
6. Mother's Maiden Name, Slavna
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Šojar
9. Father's Occupation Makeman
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Pott

Address, 838 S. Bond St.

Remarks,

8970004658

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 84145

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female). Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14
4. Place of Birth, (Street and Number) 711 S. Dallas St.
5. Full Name of Mother, Rosie Skarda
6. Mother's Maiden Name, Levi
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Anthony Skarda
9. Father's Occupation Workman
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 838 S. Broadway

Remarks,

8970004659

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84146

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 17
4. *Place of Birth, (Street and Number)* 627 Shakespeare Str.
5. *Full Name of Mother,* Mary Lisecky
6. *Mother's Maiden Name,* Matile
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Jakub Lisecky
9. *Father's Occupation* Shakespeare
10. *Father's Birthplace,* Pole

*Name of Medical Attendant,* or other person who makes this Return, J. Boyd Str. 838

*Address,* Mary Bell

*Remarks,*

8970004660

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no or parents of such attendance upon its birth to the Commissioner of Health, in the manner and within the period above required, and child to report or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter it shall become the duty of the person above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84147

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 17/97
4. *Place of Birth, (Street and Number)* 1429 N. Central av.
5. *Full Name of Mother,* Jane Bennett
6. *Mother's Maiden Name,* Jane Jordan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm H. Bennett
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, R. W. Mansfield M.D.

*Address,* 129 S Broadway

*Remarks,* 8970004661

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 84148

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 4 18
4. Place of Birth, (Street and Number) 816 S. Bond Sts.
5. Full Name of Mother, Annie Petrake
6. Mother's Maiden Name, Kaminsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Casimir Petrake
9. Father's Occupation, Beer-saloon
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Gill

Address, 818 S. Bond Sts.

Remarks,

8970004662

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84149

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1612 Sangaster St.
4. Place of Birth, (Street and Number) 19 July
5. Full Name of Mother, Valentina Kovalecky
6. Mother's Maiden Name, Popovsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Kovalecky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, 83 S. Bond St.

Remarks,

8970004663

Health. This schedule shall contain a list of the names which the parents of each child, (if any shall have been conferred,) shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered at the office or practitioner of midwifery, of the person or parents of such third day of each and every month to the officer or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84/57

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 16 11
4. Place of Birth, (Street and Number) 737 S. Bond Ste.
5. Full Name of Mother, Baby Wasakewsky
6. Mother's Maiden Name, Odrowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, William Wasakewsky
9. Father's Occupation Bar-saloon
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond Ste.

Remarks.

8970004664

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84151

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 20. 97.
4. *Place of Birth, (Street and Number)* 920 Sterling St.
5. *Full Name of Mother,* Mary Connor
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Hartford Co.
8. *Full Name of Father,* Lorenz Connor
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant, or other person who makes this Return,* H. J. J. Schaleff

*Address,* 1002 Eutaw St.

*Remarks,*

8970004665

The midwife or other person in charge of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall contain a list of the births which have occurred under his or her care during the register of such births. This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered by the midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84152

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21
4. *Place of Birth, (Street and Number)* Lancaster St. 1708
5. *Full Name of Mother,* Katie Sirinsky
6. *Mother's Maiden Name,* Mlawsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Vasiune Sirinsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

*Name of Medical Attendant,* or other person who makes this Return, 838 S Bond Sts.

*Address,* Mary Beth

*Remarks,*

8970004666

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84153

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22
4. Place of Birth, (Street and Number) 737 S. Bond Ste
5. Full Name of Mother, Genie Kwak
6. Mother's Maiden Name, Grydychowsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Kwak
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond Ste.

Remarks,

8 4 1 5 3 0 0 0 4 6 6 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84154

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 22nd 1897
4. Place of Birth, (Street and Number) 1132 N. Wolfe street
5. Full Name of Mother, Florence Kate Schmid
6. Mother's Maiden Name, Florence Metzlowes
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, David F. Schmid
9. Father's Occupation Carpenter
10. Father's Birthplace, Roanoke Va

Name of Medical Attendant, or other person who makes this Return, James E. Whitford M.D.

Address, 819 Aisquith Street

Remarks, 8970004668

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84 155

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 23 1894 |
| 4. *Place of Birth, (Street and Number)* | 236 W Baltimore |
| 5. *Full Name of Mother,* | Fanny Zimbler Kellner |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Austria |
| 8. *Full Name of Father,* | Lewis Zimbler |
| 9. *Father's Occupation,* | Tailor |
| 10. *Father's Birthplace,* | Austria |
| *Name of Medical Attendant,* or other person who makes this Return. | A Friedenwald |
| *Address,* | 310 N Eutaw St |
| *Remarks,* | |

8970004669

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84156

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Penalty.** The midwife, nurse and physician in attendance upon any birth shall make a return of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 5th 97 |
| 4. *Place of Birth, (Street and Number)* | 2617 Francis st |
| 5. *Full Name of Mother,* | Mary Rinehart |
| 6. *Mother's Maiden Name,* | " Malone |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Geo. Rinehart |
| 9. *Father's Occupation* | Motorman |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | L. A. Frey |
| *Address,* | 2470 O'H Ave |
| *Remarks,* | |

1897 0004670

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84157

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | June 6th 97 |
| 4. *Place of Birth, (Street and Number)* | 2[redacted]61 McCulloh |
| 5. *Full Name of Mother,* | Dora Sims |
| 6. *Mother's Maiden Name,* | Dora Sherman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm Sims |
| 9. *Father's Occupation* | R. R. Supt. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | L. G. Sims |
| *Address,* | 2490 Druid Hill Ave |
| *Remarks,* | |

8970004671

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84158

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 9th 1897.
4. Place of Birth, (Street and Number) 1470 Fulton Ave.
5. Full Name of Mother, Lillian C. Hogan
6. Mother's Maiden Name, Lillian C. Applegan.
7. Mother's Birthplace, Balto County.
8. Full Name of Father, Robert Hogan.
9. Father's Occupation Farmer
10. Father's Birthplace, Harford County.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Peggy

Address, 2225 Bank St City.

Remarks,

8 9 7 0 0 0 4 6 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

To be furnished by the Commissioner of Health, to be filled up by the nearest relative present at the birth, or by the attendant, and to be returned by him to the Commissioner of Health, on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8415-9

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* July 10th 1897.
4. *Place of Birth, (Street and Number)* 270 Fait St "Canton."
5. *Full Name of Mother,* Lizzie Patz.
6. *Mother's Maiden Name,* Lizzie Abart.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Fredrick Patz.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Germany.

*Name of Medical Attendant, or other person who makes this Return,* Mrs Mary E. Pusey

*Address,* 2225-Bank St

*Remarks,* City.

8970004673

Wm. J. C. Dulany Co,. City Printers and Stationers.

[M 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84/60

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12th 1897
4. *Place of Birth, (Street and Number)* 1611 Wolfe
5. *Full Name of Mother,* Lizzie Barton
6. *Mother's Maiden Name,* Lizzie Berstman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Barton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Brown

*Address,* 1600 N Chester st near Belair Ave

*Remarks,*

8970004674

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 84161

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 18 th 1927
4. Place of Birth, (Street and Number) 926 Dallas st.
5. Full Name of Mother, Fanny Lee
6. Mother's Maiden Name, Fanny Stafford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Lee
9. Father's Occupation Coal Yard
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Miss Mary E Cooney
Address, 2225 Bank St
Remarks, City.

8 9 7 0 0 0 4 6 7 5

SECTION 7.—And the keeper or superintendence a birth shall be furnished by the Commissioner of Baltimore under whose charge or super- the same on blank schedule, to be register of such birth, and shall enter Health. This schedule shall contain a month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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M 1236.]

# RETURN OF A BIRTH. 84162

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, July 13

4. Place of Birth, (Street and Number) 465 N. Caroline St

5. Full Name of Mother, Ida Hammel

6. Mother's Maiden Name, Hoffman

7. Mother's Birthplace, Balto. Md

8. Full Name of Father, John Hammel

9. Father's Occupation Taylor

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ulbrig

Address, 1302 E Lexington St

Remarks,

8970004675

register of such birth, and shall enter the same on the records of the office; to be kept under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84163

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 14
4. *Place of Birth, (Street and Number)* 1516 Mulberry St
5. *Full Name of Mother,* Katie Goldsmith
6. *Mother's Maiden Name,* " Halman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Goldsmith
9. *Father's Occupation* store
10. *Father's Birthplace,* Europe

*Name of Medical Attendant, or other person who makes this Return,* Mrs R Ulbig

*Address,* 1302 E Lexington St

*Remarks,*

8970004677

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84/64

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 14 1897

4. *Place of Birth, (Street and Number)* 2613 Lanvale St

5. *Full Name of Mother,* Amanda Winner

6. *Mother's Maiden Name,* Amanda Lynch

7. *Mother's Birthplace,* Mount Washington

8. *Full Name of Father,* Wm Winner

9. *Father's Occupation* Cornish Miner

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary J Perry

*Address,* 1497 Madison Ave

*Remarks,* 8970004678

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84 165

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16
4. *Place of Birth, (Street and Number)* 2876 Lanvale st
5. *Full Name of Mother,* Elizabeth Thamp
6. *Mother's Maiden Name,* Elizabeth Jacobs
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Henry Thamp
9. *Father's Occupation* Guilder
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary J Peregoy

*Address,* 2847 Lanvale st

*Remarks,*

8970004679

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84166

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 ths Child. |
| 1. *Sex, (state whether male or female)* | Male. child. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Born 18 ths July 1897 |
| 4. *Place of Birth, (Street and Number)* | Born 517 W Lafayette St. |
| 5. *Full Name of Mother,* | Clara. E. liseth b. Miller |
| 6. *Mother's Maiden Name,* | Clara. E liseth b. Black |
| 7. *Mother's Birthplace,* | Born in Washington D.C. |
| 8. *Full Name of Father,* | Thomas Washington Miller |
| 9. *Father's Occupation* | Laborer hand. |
| 10. *Father's Birthplace,* | Baltimore Co. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. Susan Waters |
| *Address,* | 828 St. Peter St. |
| *Remarks,* | |

8970004680

Wm. J. C. Dulany Co., City Printers and Stationers

[Form 1236.]

# RETURN OF A BIRTH. 84167

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 18th 1897.
4. Place of Birth, (Street and Number) 112 Patuxent St.
5. Full Name of Mother, Elizabeth Beam
6. Mother's Maiden Name, Elizabeth Flusher.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lenard Beam.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Peregoy

Address, 2225 Barkley

Remarks, Early

8 9 7 0 0 0 4 6 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such births, and shall enter the same on this schedule, or cause the same to be entered by the midwife in charge of the case during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84/168

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | July 14/97 |
| 4. *Place of Birth, (Street and Number)* | 1726 West Fremt St. |
| 5. *Full Name of Mother,* | Mrs Jas. Wirts |
| 6. *Mother's Maiden Name,* | Rebecca Edwards |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | James Wirts |
| 9. *Father's Occupation* | Boiler maker |
| 10. *Father's Birthplace,* | Balto Co. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | E A Smith M D |
| *Address,* | 2531 Penna. Ave. |
| *Remarks,* | |

8 7 1 0 0 0 4 6 8 2

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

**Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.**

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register. This schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the following particulars, viz.: The name and occupation of the father, the name and maiden name of the mother, the color, the number of such birth, shall contain a blank schedule, to be filled up in the form of a certificate between the first and month, and shall be delivered, duly signed by the person or persons required, and been conferred, to the office of the practitioner of midwifery, or the physician or surgeon, if any shall have said schedule shall be delivered every month to the Commissioner of Health at the office of the Health Department, or to such person as he shall appoint for the purpose. And be it further enacted that every physician or surgeon who shall hereafter attend upon the mother, during her confinement, shall be entitled to receive from the Commissioner of Health a blank schedule, to be filled up in the manner and with the particulars above mentioned, and shall deliver the same duly signed by him to the Commissioner of Health within the period above required, and every midwife who shall hereafter take charge or superintendence of each child, of birth, and the third day of each and every month thereafter. If the mother, or the person in attendance upon the birth, shall not be able to furnish the name of the child, the date and place of the first and shall occur without the attendance of a physician or surgeon, it shall be the duty of the midwife to make out a list of the births which have occurred of each child, of birth, and the immediately after the birth of any child attended by her, and shall enter the same on blank schedules to be furnished by the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

84169

# RETURN OF A BIRTH. 8416

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 21 1897
4. Place of Birth, (Street and Number) 223 S Eden St
5. Full Name of Mother, Rosa Feldman
6. Mother's Maiden Name, Rosa Baltnick
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Feldman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finn
2? Lloyd

Address, 8 Y 7 U 0 0 4 6 8 3

Remarks,

GIVEN NAME ADDED 8-5-59

# RETURN OF A BIRTH. 84170

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mabel Anna Kipp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 23 1897
4. Place of Birth, (Street and Number) 126 N. Fee st
5. Full Name of Mother, Alice Mary Kipp
6. Mother's Maiden Name, Alice Mary Graham
7. Mother's Birthplace, Balto city
8. Full Name of Father, Harry G. Kipp
9. Father's Occupation Clerk
10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, E. Buchanan M.D.

Address, 411 N. Howard st.

Remarks,

8970004684

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1235.]

# RETURN OF A BIRTH. 84171

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race),* White
3. *Date of Birth,* 23rd July 1897
4. *Place of Birth, (Street and Number)* 2049 Boker st
5. *Full Name of Mother,* Emma Kirk
6. *Mother's Maiden Name,* Emma Sadler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michal Kirk
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mrs Burns

*Address,* 1600 N. Chester st Belair Ave

*Remarks,*

8970004685

Wm. J. C. Dulany Co,. City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of their first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

# RETURN OF A BIRTH. 84177

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 24th 1897
4. Place of Birth, (Street and Number) 1519 Durham st
5. Full Name of Mother, Josie Bireman
6. Mother's Maiden Name, Jose Wright
7. Mother's Birthplace, Kent County Va.
8. Full Name of Father, George Bireman
9. Father's Occupation Laborer
10. Father's Birthplace, Kent Co. Va

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks,

8 4 7 0 0 0 4 6 8 6

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# RETURN OF A BIRTH 84173

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 25 day of July 1897
4. Place of Birth, (Street and Number) 1008 Concord
5. Full Name of Mother, Martha Emma Goodrich Elmore
6. Mother's Maiden Name,
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, William M. Goodrich
9. Father's Occupation, Fireman
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Ira Mary Webb

Address, 704 Bacon st

Remarks,

8970004687

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH. 8174

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 July 1897
4. Place of Birth, (Street and Number) 1207 Cookie st city
5. Full Name of Mother, Annie Mills
6. Mother's Maiden Name, Annie White
7. Mother's Birthplace, Baltimore City. Md.
8. Full Name of Father, G. Leonhard Miller
9. Father's Occupation, Shoe Maker
10. Father's Birthplace, Kingthum Wurttemberg Germ

Name of Medical Attendant, or other person who makes this Return. Cornelia Allen

Address, 1407 Nicholson St city

Remarks,

8970004688

Wm J C. Dulany Co., City Printers and Stationers.

Register of such Birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

Over

# RETURN OF A BIRTH. 84175

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

Name Marie Elizabeth Preller

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25th 1897

4. Place of Birth, (Street and Number) 1704 East Monument st

5. Full Name of Mother, Mary Ann Daff Preller Preller

6. Mother's Maiden Name, Mary Ann Daff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Preller Preller

9. Father's Occupation Stone Cutter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks,

8970004689

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84176

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Bessye Mildred Pumphrey

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female) White
2. Race or Color, (~~if not of the white race~~) July 26, 1897
3. Date of Birth, 1911 Harlem Ave.
4. Place of Birth, (Street and Number) Adie E Pumphrey
5. Full Name of Mother, Adie E. Hanby
6. Mother's Maiden Name, Baltimore.
7. Mother's Birthplace, Julian F Pumphrey.
8. Full Name of Father, Stone cutter
9. Father's Occupation Washington D.C.
10. Father's Birthplace, Dr. Theodore Cohen.

Name of Medical Attendant, or other person who makes this Return, 914 N. Charles St.

Address,

Remarks,

8970004690

Health. This schedule shall contain a list of the births which have occurred in the family or house, or in any building to which any inmate of the same has resorted for the purpose of being confined, since the last return of births, or since the commencement of housekeeping, and the name of each child, (if any shall have been born and died within the month,) and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 8477

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 27/87
4. Place of Birth, (Street and Number) 616 N. Charles St.
5. Full Name of Mother, Katie Weber
6. Mother's Maiden Name, Leppen
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Weber
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, DR. S. T. [illegible]
1004 E. [illegible]

Address,

Remarks, Premature Birth about 7 months

8477 0004691

SECTION 7.—And be it further enacted and ordained that every person having the superintendence of a birth which is required by the ordinances of Baltimore City to be registered, or the nearest relative present at such birth, or the physician, midwife or nurse in attendance upon the mother at the time of such birth, or the undertaker or other person who shall be employed to bury the dead body of any child for which a certificate of birth is required by the ordinances of Baltimore City to be registered, shall, within five days after such birth, procure from the Registrar of Vital Statistics, Board of Health, Baltimore City, a blank certificate of birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the name, if any, which have been conferred, its sex, color, and shall contain a list of the births which have occurred under his or her care during the month, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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[Form 1236.]

# RETURN OF A BIRTH. 84178

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | July 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 220 N. Wolfe St. |
| 5. *Full Name of Mother,* | Sophia Weller. |
| 6. *Mother's Maiden Name,* | Sophia Baum. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Weller. |
| 9. *Father's Occupation* | Blacksmith. |
| 10. *Father's Birthplace,* | Baltimore. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary L. Pierce. |
| *Address,* | 2225 Bank St. City. |
| *Remarks,* | |

8 9 7 0 0 0 4 6 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84179

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 July 1897
4. *Place of Birth, (Street and Number)* Linden Av 1519
5. *Full Name of Mother,* Lina Henry Wilkens
6. *Mother's Maiden Name,* Lina Vanderhorst
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Wilkens
9. *Father's Occupation,* merchant
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* L. Reinhard

*Address,* 220 W Madison St

*Remarks,*

8970004693

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# RETURN OF A BIRTH. 84/80

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1st July.
4. Place of Birth, (Street and Number) 230. Hamburg street.
5. Full Name of Mother, annie Robinson
6. Mother's Maiden Name, annie Conegy.
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Robinson
9. Father's Occupation, Porter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Hannah Hatchett

Address, 609. Campbell street.

Remarks,

8970004694

Wm J C. Dulany Co., City Printers and Stationers.

Every birth which occurs within the limits of Baltimore City shall be registered, and the name can be ascertained the full name of each child, if any shall have been given, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

# RETURN OF A BIRTH. 84181

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7th 1897 |
| 4. *Place of Birth, (Street and Number)* | Stafford St. (Canal) |
| 5. *Full Name of Mother,* | Mary Agnes Carr |
| 6. *Mother's Maiden Name,* | Mary Agnes Manning |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father* | John J. Carr |
| 9. *Father's Occupation* | U.S. Letter Carrier |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | G. J. Landers |
| *Address,* | St Agnes Hospital |
| *Remarks,* | |

8970004695

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-1-66

# RETURN OF A BIRTH. 84182

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Israel D. ~~Michelson~~ 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1897
4. Place of Birth, (Street and Number) 909 E. Fayette st.
5. Full Name of Mother, Hannah Michelson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Moses Michelson
9. Father's Occupation Saloon keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1897 0004696

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84/83

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~203 S Eden st.~~ July 13th 18~~83~~
4. Place of Birth, (Street and Number) 203 S. Eden st.
5. Full Name of Mother, Marcella Kearney
6. Mother's Maiden Name,
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, James F. Kearney
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 132 S. Eden st.

Remarks,

8470004697

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84184

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 17th 1897
4. Place of Birth, (Street and Number) 229 N. Calvert st.
5. Full Name of Mother, Sara Distefhano
6. Mother's Maiden Name,
7. Mother's Birthplace, Italy
8. Full Name of Father, Vincent Distefhano
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernalem

Address, 122 S. Exeter st.

Remarks,

1897000046988

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall thereafter fail to comply with the

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84185

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore July 20/97
4. Place of Birth, (Street and Number) 1002 Hanover Street Balto
5. Full Name of Mother, Rachel Feler
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Feler
9. Father's Occupation, Furniture Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 15 Albemarle St Balto

Remarks,

8970004699

Wm J C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 84186

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 21 / 97 |
| 4. *Place of Birth, (Street and Number)* | 633 W Saratoga |
| 5. *Full Name of Mother,* | Annie Schmidt |
| 6. *Mother's Maiden Name,* | Cohoe |
| 7. *Mother's Birthplace,* | Saarburg Germany |
| 8. *Full Name of Father,* | Karl August F. Schmidt |
| 9. *Father's Occupation* | Teacher |
| 10. *Father's Birthplace,* | Homburg Pals Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Bertha Weinhardt |
| *Address,* | 1631 W. Pratt St. Baltimore Md. |
| *Remarks,* | |

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# RETURN OF A BIRTH. 84/87

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 22nd 1897
4. *Place of Birth, (Street and Number)* 1415 Bank st.
5. *Full Name of Mother,* Barbara Mc. Adams
6. *Mother's Maiden Name,* " Jones
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Mc. Adams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. C. Bernstein

*Address,* 122 S. Exeter st.

*Remarks,*

1897000047 01

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ... month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336.]

# RETURN OF A BIRTH. 84188

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 26th 1897

4. Place of Birth, (Street and Number) Sterling St no. 620.

5. Full Name of Mother, Rebecca Webb

6. Mother's Maiden Name, Rebecca Montgomery

7. Mother's Birthplace, W. Va

8. Full Name of Father, James Webb

9. Father's Occupation Clerk

10. Father's Birthplace, W. Va.

Name of Medical Attendant, or other person who makes this Return, C. A. D. Macdonald M.D.

Address, #1041 N. Broadway

Remarks,

8 9 7 0 0 0 4 7 0 2

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as any such person or persons who shall hereafter fail to comply with the

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 82179

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (~~state whether male~~ or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 26 97
4. *Place of Birth, (Street and Number)* 1004 Hopkins Ave
5. *Full Name of Mother,* Margaret Frances Wheeler
6. *Mother's Maiden Name,* " " Poldman
7. *Mother's Birthplace,* Balt. Co Md
8. *Full Name of Father,* John B. Wheeler
9. *Father's Occupation,* Builder
10. *Father's Birthplace,* Dorchester Co Md

*Name of Medical Attendant, or other person who makes this Return,* Warren Nichols MD.

*Address,* 1439 E Eager St

*Remarks,*

8970004703

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84190

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6 6 6 4 |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Baltimore 27 July 1897 |
| 4. Place of Birth, (Street and Number) | 214 Conway St Balto |
| 5. Full Name of Mother, | Mary Swartz |
| 6. Mother's Maiden Name, | Mary Meistner |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Charles Swartz |
| 9. Father's Occupation, | Shoestore |
| 10. Father's Birthplace, | Hungarian |
| Name of Medical Attendant, or other person who makes this Return, | Mrs. Lena Barber |
| Address, | 15 Memorial St Balto |
| Remarks, | |

8 9 7 0 0 0 4 7 0 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84191

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, July 27th 897
4. Place of Birth, (Street and Number) ~~N. High st~~ 9 N. High st
5. Full Name of Mother, Jennie Kaplan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Max Kaplan
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970004705

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Section shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the date and place of birth; and the its sex, color, the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, or other practitioner of midwifery, of the person or parents, of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84192

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book kept for that purpose. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30th 1892.
4. Place of Birth, (Street and Number) 1432 Dolphin Alley
5. Full Name of Mother, Sarah J Dorsey
6. Mother's Maiden Name, Sarah J Brodie
7. Mother's Birthplace, Jork P.A.
8. Full Name of Father, Alexandre Dorsey
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos Dorsey

Address, 1809 Lemmon st

Remarks,

8970004706

Wm J C Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 82193

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether male or female), M.
2. Race or Color (if not of the white race), W.
3. Date of Birth, 1119 E Fayette St.
4. Place of Birth (Street and Number), Aug 11-1897
5. Full Name of Mother, Emma Bowen
6. Mother's Maiden Name, Emma Davis
7. Mother's Birthplace, Va.
8. Full Name of Father, Thomas Bowen
9. Father's Occupation, Stevedore.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Myrd Whitehead M.D.

Address, 1121 E. Baltimore St

Remarks,

8970004707

register of such birth, and shall furnish a list of the births which have occurred under his or her care since the last return has been completed. This schedule shall contain

FORM 1236]

# RETURN OF A BIRTH. 24/194

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 6.—Any physician or superintendence a birth shall hereafter take place, shall register the same with the Registrar of Vital Statistics, Board of Health, Baltimore under whose charge or superintendence a birth shall hereafter take place, shall register the same with the Commissioner of register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Male Child |
| 2. *Race or Color, (if not of the white race)* | White race |
| 3. *Date of Birth,* | 25 July 1897 |
| 4. *Place of Birth, (Street and Number)* | 651 Light st |
| 5. *Full Name of Mother,* | Virginia Bloom |
| 6. *Mother's Maiden Name,* | Virginia Noble |
| 7. *Mother's Birthplace,* | St Mary's Co. |
| 8. *Full Name of Father,* | Michel Bloom |
| 9. *Father's Occupation* | Barber |
| 10. *Father's Birthplace,* | Baltimore Co. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Ann Taylor |
| *Address,* | 41 Gunpowder alley |
| *Remarks,* | |

8970004708

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84195

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3rd,~~ &c.) ....

1. Sex, (~~state whether~~ male ~~or female~~) ....
2. Race or Color, (~~if not of the~~ white race) ....
3. Date of Birth, June 29th 1897.
4. Place of Birth, (Street and Number) 738 N. Milton Ave.
5. Full Name of Mother, Emma V. Gray
6. Mother's Maiden Name, Emma V. Elliott
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John F. Gray Jr.
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. D. L. Magruder Md

Address, 624 N. Lexington St.

Remarks, ....

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84196

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 1st of July 97. |
| 4. *Place of Birth, (Street and Number)* | 311 Pantaleon St |
| 5. *Full Name of Mother,* | Lena Schrenk |
| 6. *Mother's Maiden Name,* | Lena Sirschki |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | David Schrenk |
| 9. *Father's Occupation* | Brauer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8 9 7 U 0 0 4 7 1 0

beeg conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84197

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision such child may be born, on blank schedule, to be furnished by the ... register of such birth, and shall enter the same on blank schedule, to be furnished by the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 1. 1897 P.M.
4. Place of Birth, (Street and Number) 891 Lemon Street.
5. Full Name of Mother, Caroline Klein,
6. Mother's Maiden Name, Rosshat
7. Mother's Birthplace, Stallupönen - East Prussian - Germany.
8. Full Name of Father, Johann Klein,
9. Father's Occupation, Laborer
10. Father's Birthplace, Brzyschkin - East Prussian - Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaune / for the

Address, Mothers Relief Society / 1712 Eutaw Place.

Remarks,

8970004711

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84198

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 1. (11.55 P.M.)
4. Place of Birth, (Street and Number) 208 N. Chester Street.
5. Full Name of Mother, Juliane Steele
6. Mother's Maiden Name, Lauson
7. Mother's Birthplace, Biedenkopf
8. Full Name of Father, John Steele,
9. Father's Occupation Laborer.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Keenan (for the

Address, Brothers (1412 Eutaw Place).

Remarks,

8970004712

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFE

1236.]

# RETURN OF A BIRTH. 84199

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 1st 1897 |
| 4. *Place of Birth, (Street and Number)* | 28 N Washington Street |
| 5. *Full Name of Mother,* | Rose Applegart |
| 6. *Mother's Maiden Name,* | Rose Mengel |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Applegart |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kron, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8 7 7 0 0 0 4 7 1 3

register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RM 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person lie in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84200

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 1, 1897
4. *Place of Birth, (Street and Number)* 1410 Lough St
5. *Full Name of Mother,* Sele London
6. *Mother's Maiden Name,* — Weinstain
7. *Mother's Birthplace,* Russia Kiyone state
8. *Full Name of Father,* Lue London
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Kovane State

*Name of Medical Attendant, or other person who makes this Return,* H. Flinder M. D.

*Address,* 143 N. Front St

*Remarks,*

8970004714

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84201

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Twins both male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 1st
4. *Place of Birth, (Street and Number)* 1337 Ward St.
5. *Full Name of Mother,* Evalina Lee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Jas. D Love M.D.

*Address,* 622 W Lombard

*Remarks,*

8970004715

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84202

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 1st. 1897
4. Place of Birth, (Street and Number) 115 N. Lombard
5. Full Name of Mother, Lee Mills
6. Mother's Maiden Name, Lee Mills
7. Mother's Birthplace, District of Columbia
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D.

Address, 115 N. Lombard

Remarks,

8970004716

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84203

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 2nd
4. *Place of Birth, (Street and Number)* 633 Wayne St
5. *Full Name of Mother,* Clara Wheeler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D. Love

*Address,* 622 W Lanvale

*Remarks,*

8 4 7 0 0 0 4 7 1 7

Wm. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the proper name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the month, and shall set forth as far as the same can be ascertained the first and full name and occupation of the physician or midwife in attendance upon the mother, immediately thereafter, and shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, or should no other person or practitioner become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84204

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 1st.

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) Colored

3. *Date of Birth,* 7-3-97

4. *Place of Birth,* (*Street and Number*) 115 W. Lombard

5. *Full Name of Mother,* Alice Victoria Dorsey

6. *Mother's Maiden Name,* Alice Victoria Dorsey.

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Unknown

9. *Father's Occupation* ——

10. *Father's Birthplace,* ——

*Name of Medical Attendant,* or other person who makes this Return, E. Boyston M.D.

*Address,* 115 W. Lombard.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84205

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6th
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Harriet Ridgely
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas D Lucas

*Address,* 622 W Lombard

*Remarks,*

18970004719

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the names which have been given to each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84206

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6th
4. *Place of Birth, (Street and Number)* 813 Sarah Anne St.
5. *Full Name of Mother,* Helen Spence
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Love

*Address,* 622 W Lombard

*Remarks,*

8970004720

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84207

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 6th
4. *Place of Birth, (Street and Number)* 1003 Raborg St
5. *Full Name of Mother,* Hester Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Lue

*Address,* 622 W Lombard

*Remarks,*

8970004721

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84208

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Sophie Rice
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D. Lane

*Address,* 622 W Lombard

*Remarks,*

8 4 7 0 0 0 4 7 2 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84209

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White - American
3. *Date of Birth,* July 8th. 1897
4. *Place of Birth, (Street and Number)* 115 W. Lombard
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* Mary Wilson
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* E. L. Baynton M.D.

*Address,* 115 W. Lombard.

*Remarks,*

8970004723

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule should be filled out by the person who shall have the first notice of the birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84210

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 4th
4. *Place of Birth, (Street and Number)* 815 Johnson St
5. *Full Name of Mother,* Maggie Branson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Leo DLove

*Address,* 622 W Lombard

*Remarks,*

8 4 7 0 0 0 4 7 2 4

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84211

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 10th

4. Place of Birth, (Street and Number) 1333 Ward St.

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jas. D Lowe

Address, 622 W Lombard

Remarks,

+ 8970004725

register of such birth, and shall enter the same on birth schedule, to be furnished to the Registrar by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84212

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 11th
4. Place of Birth, (Street and Number) 622 W Lombard
5. Full Name of Mother, Mary Rab
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jas. D. Lane

Address, 622 W Lombard

Remarks,

18970004726

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84213

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12th 1897
4. Place of Birth, (Street and Number) 115 N Lombard
5. Full Name of Mother, Frances Pratt
6. Mother's Maiden Name, Frances Pratt
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Forgitson M.D. 115 N. Lombard

Address,

Remarks,

8970004727

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84214

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12th 1897
4. Place of Birth, (Street and Number) 110 W. Lombard
5. Full Name of Mother, Tilda Holmes
6. Mother's Maiden Name, Tilda Holmes
7. Mother's Birthplace, Md.
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D. 110 W. Lombard.

Address,

Remarks,

8470004728

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, since the last month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. #4215

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 13th 1897
4. *Place of Birth, (Street and Number)* 229 Vincent St.
5. *Full Name of Mother,* Nattie Evans
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Foue

*Address,* 622 N Lombard

*Remarks,*

8970004729

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84216

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother*, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) colored
3. *Date of Birth*, July 13
4. *Place of Birth*, (*Street and Number*) 905 Plum Alley
5. *Full Name of Mother*, Louisa Ross
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

*Name of Medical Attendant*, or other person who makes this Return, Dr Jas. D Lowe

*Address*, 622 W Lombard

*Remarks*,

8 9 7 0 0 0 4 7 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[redacted]

BIRTH. 8217

[redacted]oard of Health, Baltimore City.

To the Office o[redacted]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 14th 1897
4. Place of Birth, (Street and Number) 1[redacted] N Lombard St.
5. Full Name of Mother, [redacted] Street
6. Mother's Maiden Name, [redacted] Street
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Bunyon M.D

Address, 1[redacted] N Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

...the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

[redacted] BIRTH. 8217

To the Office of [redacted] Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 14th 1897

4. Place of Birth, (Street and Number) 115 N Lombard St.

5. Full Name of Mother, Inez Street

6. Mother's Maiden Name, Inez Street

7. Mother's Birthplace, Virginia

8. Full Name of Father, Unknown

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Burgston MD

Address, 115 N Lombard

Remarks, 18970004731

Health. This schedule shall contain a list of the births which have occurred since the ... of the city during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the physician or by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 1918

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Twins Male & Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 14
4. Place of Birth, (Street and Number) 630 Vine St.
5. Full Name of Mother, Lottie Powell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jas. D. Lord

Address, 622 W Lombard

Remarks,

8970004732

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84219

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* July 15-2

4. *Place of Birth, (Street and Number)* 622 W Lanvale

5. *Full Name of Mother,* Ida Rosen

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* Dr. Jac. D Love

*Address,* 622 W Lanvale

*Remarks,*

8970004733

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84220

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred in the family of the undersigned during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 10 - 2
4. Place of Birth, (Street and Number) 14 Henrietta St
5. Full Name of Mother, Daisy Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jas D Foy

Address, 1622 W Lombard

Remarks,

8 : 7 0 0 0 4 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84521

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 16
4. *Place of Birth, (Street and Number)* 1737 Olivia St.
5. *Full Name of Mother,* Ella Aymold
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Lowe

*Address,* 0622 W Lombard

*Remarks,*

8 9 7 0 0 0 4 7 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84222

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 16
4. Place of Birth, (Street and Number) 1615 Dale St.
5. Full Name of Mother, Rosa Curtis
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jas. D. Love

Address, 622 W Lombard

Remarks,

8970004736

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84223

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 17th
4. *Place of Birth, (Street and Number)* 622 W Lombard
5. *Full Name of Mother,* Carrie Stewart
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Lowe

*Address,* 622 W Lombard

*Remarks,*

1 8 9 7 0 0 0 4 7 3 7

month, and shall set forth as far as the same can be ascertained the full name and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #2224

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, and the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7-18-97
4. Place of Birth, (Street and Number) 116 W Lombard St.
5. Full Name of Mother, Lizzie Collins
6. Mother's Maiden Name, Lizzie Collins
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. Bayard M.D. " D.M. Lombard

Address,

Remarks,

8970004738

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8L225

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 21st
4. *Place of Birth, (Street and Number)* 622 W Lanvale St
5. *Full Name of Mother,* Minnie Jenkins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Lane

*Address,* (622 W Lanvale St.)

*Remarks,*

18970004739

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84226

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 22
4. *Place of Birth, (Street and Number)* 10 N. Fremont.
5. *Full Name of Mother,* Mary Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* Dr Jas. D Lowe

*Address,* 622 W Lombard

*Remarks,*

8970004740

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84 227

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 14.
4. *Place of Birth, (Street and Number)* 114 Dueter St.
5. *Full Name of Mother,* Mattie Moore
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D. Lane

*Address,* 622 W Lombard

*Remarks,*

8970004741

Wm. C. Dulany Co., City Printers and Stationers.

Treats. It is hereby made the duty of the Physician, Midwife or other person who shall have attended the birth of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84 228

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 20
4. *Place of Birth, (Street and Number)* 679 Vine St
5. *Full Name of Mother,* Florence Rice
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jas. D Lowe

*Address,* 622 W Lombard

*Remarks,*

8 4 7 0 0 0 4 7 4 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84229

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on plain schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 26th 1897
4. Place of Birth, (Street and Number) 1710 Eutaw street
5. Full Name of Mother, Maria Washington
6. Mother's Maiden Name, Clark
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1331 Whatcoat street.

Remarks,

8970004743

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84 230

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White - American
3. Date of Birth, July 16th 1897
4. Place of Birth, (Street and Number) 115 N. Lombard
5. Full Name of Mother, Katie Bauer
6. Mother's Maiden Name, Katie Bauer
7. Mother's Birthplace, Del.
8. Full Name of Father, Unknown
9. Father's Occupation ——
10. Father's Birthplace, ——

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 N. Lombard

Remarks,

8970004744

Wm. J. C. Dulany Co., City Printers and Stationers.

The child must be named within one month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84231

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White - American |
| 3. *Date of Birth,* | July 27 - 1897 |
| 4. *Place of Birth, (Street and Number)* | 115 W. Lombard |
| 5. *Full Name of Mother,* | Mattie Leatherbury |
| 6. *Mother's Maiden Name,* | Mattie Leatherbury |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | Unknown |
| 9. *Father's Occupation* | — |
| 10. *Father's Birthplace,* | — |
| *Name of Medical Attendant,* or other person who makes this Return, | E. Baughman M.D. |
| *Address,* | 115 W. Lombard |
| *Remarks,* | |

1897 00047 45

register of such births, and shall enter the same on blanks furnished, or approved under his or her care during the Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. A 232

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 27
4. Place of Birth, (Street and Number) 930 Woodyear St
5. Full Name of Mother, Annie Robinson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr Jno. D Lane

Address, 622 W Lombard

Remarks,

8970004746

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the family of each householder during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in attendance or householder in the form of a certificate to the Commissioner of Health. In case no other person be in attendance, the duty of the person above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84233

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White - American
3. *Date of Birth,* July 27 1897
4. *Place of Birth, (Street and Number)* 115 W. Lombard St.
5. *Full Name of Mother,* Sallie Goss
6. *Mother's Maiden Name,* Sallie Goss
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Unknown
9. *Father's Occupation* —
10. *Father's Birthplace,* —

*Name of Medical Attendant, or other person who makes this Return,* E. Dayney M.D. 115 W. Lombard.

*Address,*

*Remarks,*

8970004747

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8234

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White - American
3. Date of Birth, July 29th 1897
4. Place of Birth, (Street and Number) 115 W. Lombard
5. Full Name of Mother, Minnie Nelson
6. Mother's Maiden Name, Minnie Nelson
7. Mother's Birthplace, Penn
8. Full Name of Father, Unknown
9. Father's Occupation ———
10. Father's Birthplace, ———

Name of Medical Attendant, or other person who makes this Return, E. Boughton M.D.

Address, 115 W. Lombard

Remarks,

8970004748

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Certificate shall contain a list of the names which shall be given to each child, and shall be registered within one month after the birth of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84235

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 29
4. *Place of Birth, (Street and Number)* 906 Harden Court
5. *Full Name of Mother,* Carrie Hartman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Dr Jno. D Love

*Address,* 622 N Lombard

*Remarks,*

8970004749

Wm. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84236

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 20 1897
4. Place of Birth, (Street and Number) 1732 Chestnut.
5. Full Name of Mother, Birdie Tucker
6. Mother's Maiden Name, ~~~
7. Mother's Birthplace, Del.
8. Full Name of Father, Unknown
9. Father's Occupation ~~~
10. Father's Birthplace, ~~~

Name of Medical Attendant, or other person who makes this Return, E. E. Baynton M.D.

Address, 115 W. Lombard.

Remarks,

18970004750

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84237

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex; color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 30th 1897
4. Place of Birth, (Street and Number) 211 Lexington
5. Full Name of Mother, Rosa Bennett
6. Mother's Maiden Name, Rosa Bennett
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, C. C. Boynton M.D.

Address, 115 W. Lombard

Remarks,

8970004751

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84238

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 30.
4. Place of Birth, (Street and Number) 700 W Lombard
5. Full Name of Mother, Florence Sykes
6. Mother's Maiden Name, Florence Turner
7. Mother's Birthplace, M. D.
8. Full Name of Father, —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, Dr Jos. D Lane

Address, 622 W Lombard

Remarks,

8 9 7 0 0 0 4 7 5 2

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84239

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1st 720 A.M. 1897
4. *Place of Birth, (Street and Number)* 1735 Dante St.
5. *Full Name of Mother,* Ella Elis Lindeman
6. *Mother's Maiden Name,* E. L. Rose
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Franklin Gibson Lindeman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant, or other person who makes this Return,* Jame E Donnelly M.D

*Address,* 1701 E Baltimore St.

*Remarks,*

8 9 7 0 0 0 4 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8L240

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 2 nd |
| 4. *Place of Birth, (Street and Number)* | 936 Greenmount ave |
| 5. *Full Name of Mother,* | Annie Burns |
| 6. *Mother's Maiden Name,* | Annie Murphy |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Edward Burns |
| 9. *Father's Occupation* | Cake Baker |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return, | Annie O'Brien |
| *Address,* | 902 Greenmount Ave |
| *Remarks,* | |

8 9 7 0 0 0 4 7 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore City, and shall enter the same on blank schedule, to be furnished by the Health Department, for the purpose, and shall enter the same in the register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such child occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84241

CITY NAME ADDED 6-22-60

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jennie E. Hilyard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 20th 1897
4. Place of Birth, (Street and Number) 2704 Elliott St.
5. Full Name of Mother, Rudert Hilyard
6. Mother's Maiden Name, Bridget Regan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Isaac Hilyard
9. Father's Occupation Laborer
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lennie Lee

Address, 2225 Gorsuch Ave Balto Md.

Remarks,

8 9 7 0 0 0 4 7 5 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

# RETURN OF A BIRTH. 84242

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Elmer Mortimer Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 2, 6.30 P. M.
4. Place of Birth, (Street and Number) 739 N. Fort Ave.
5. Full Name of Mother, Florence Smith
6. Mother's Maiden Name, Preston
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, (Frank) Edward Smith
9. Father's Occupation, Laborer
10. Father's Birthplace, Mount Dennis Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kane (for the

Address, Mothers Relief Society 1412 Hudson Place

Remarks,

897009

Wm. J. C. Dulany Co., City Printers

SECTION 3.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82543

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Negro |
| 3. *Date of Birth,* | July 2nd 1897 |
| 4. *Place of Birth, (Street and Number)* | 410 Rutt St |
| 5. *Full Name of Mother,* | Annie Oliver |
| 6. *Mother's Maiden Name,* | " Jones |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James Oliver |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Wm. Dabney M.D. |
| *Address,* | Johns Hopkins Hospital Baltimore, Md. |
| *Remarks,* | |

8970004757

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84244

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* July 2nd 1884
4. *Place of Birth, (Street and Number)* 804 Hillen St
5. *Full Name of Mother,* Caroline Wilson Green
6. *Mother's Maiden Name,* Richmond, Va
7. *Mother's Birthplace,* Hanover Wilson
8. *Full Name of Father,* Cook
9. *Father's Occupation* Richmond, Va
10. *Father's Birthplace,* Washington Dalton Md.

*Name of Medical Attendant, or other person who makes this Return,* John Hopkins Hospital, Baltimore, Md.

*Address,*

*Remarks,*

84700047588

Wm. J. C. Dulany Co., City Printers and Stationers.

**Note.** This schedule shall contain a list of the [illegible] within the full name of each child, (if any shall have been born,) and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred,) its sex, color, the full name and occupation of its parents, the date and place between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the person of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recoverable. [illegible] to be recovered as other fines and forfeitures are recoverable.

KODAK SAFETY

# [illegible] OF A BIRTH. 84245

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st " |
| 1. *Sex, (state whether male or female)* | ~~Male~~ 2 Females |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 2 |
| 4. *Place of Birth, (Street and Number)* | 208 Thompson St. |
| 5. *Full Name of Mother,* | Mrs Annie White Lehmandt |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Jno Lehmandt |
| 9. *Father's Occupation* | Stair Factory |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | E. E. Lellewich |
| *Address,* | 11 N Carey St |
| *Remarks,* | |

8970004759

manner of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the (full) name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84246

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 2nd of July 92 |
| 4. *Place of Birth, (Street and Number)* | 106 Stafford St. |
| 5. *Full Name of Mother,* | Auguste Gilbert |
| 6. *Mother's Maiden Name,* | Auguste Gent. |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John Gilbert |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Kaeder Midwife |
| *Address,* | 216 W Pratt St |
| *Remarks,* | |

8970004760

Wm. J. C. Dulany Co., City Printers and Stationers.

1338

# RETURN OF A BIRTH. 84247

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Second of July 1897 |
| 4. *Place of Birth, (Street and Number)* | 1141 Lauderdale St |
| 5. *Full Name of Mother,* | Emma M ~~Stanley~~ Murray |
| 6. *Mother's Maiden Name,* | Emma " Smith |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | John E. Murray |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Barnes |
| *Address,* | 711 N Caroline St |
| *Remarks,* | |

8970004761

Health. This schedule shall contain a list of the births which have occurred since the last day of the calendar month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84248

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd July 1897
4. Place of Birth, (Street and Number) 1110 Bridges al
5. Full Name of Mother, Mary M. Cook
6. Mother's Maiden Name, Mary M. Magaha
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H. Cook
9. Father's Occupation Carter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Barry

Address, 711 Lee st

Remarks,

8970004762

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84249

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 24 97
4. Place of Birth, (Street and Number) Lombard st # 230
5. Full Name of Mother, Mrs Sara Frances Suter
6. Mother's Maiden Name, Miss Sara Frances Smith
7. Mother's Birthplace, Shippensburg Pa
8. Full Name of Father, William Henry Suter
9. Father's Occupation Basket
10. Father's Birthplace, Chambersburg Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 807 Leadenhall Street.

Remarks,

8970004763

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84250

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, July 3-97
4. Place of Birth, (Street and Number) 110 Albemarle St
5. Full Name of Mother, Rosa Moriell
6. Mother's Maiden Name, ?
7. Mother's Birthplace, Russia
8. Full Name of Father, B. Moriell
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas. F. Blake M.D.

Address, 1503 E Balto St

Remarks,

8970004764

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause the same to be printed, and shall furnish to the Registrars of Vital Statistics, and to such other persons as he may deem necessary, such blank forms as may be required for the purposes of this section. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84257

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3rd 1907
4. *Place of Birth, (Street and Number)* 2217 Maunsell St
5. *Full Name of Mother,* Louise Patterson
6. *Mother's Maiden Name,* Louise Patterson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Patterson
9. *Father's Occupation* Longshoreman
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Dr. Dennis Lee

*Address,* 2225 Maunsell St Balto Md

*Remarks,*

8970004765

Wm. J. C. Dulany Co., City Printers and Stationers.

about, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

register of such birth, and shall enter the same on such
Health. This schedule shall contain a list of the births which have occurred under his or her care during the
month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have
been conferred, the date and place of birth, and the
said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner, or should no other person be in
attendance upon the mother, immediately after it shall occur, it shall be the duty of the person or parents of such
child to report its birth to the Commissioner of Health, or the Coroner of midwifery, of the person or parents required, and
any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84252

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 3 1897
4. *Place of Birth, (Street and Number)* 1102 Park st
5. *Full Name of Mother,* Alice Jarman
6. *Mother's Maiden Name,* Alice Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas S Jarman
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr J Keller

*Address,* 1922 Wilkins ave

*Remarks,*

8470004766

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 842553

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Jul. 3. 9.
4. Place of Birth, (Street and Number) Md. Gen. Hosp.
5. Full Name of Mother, Mamie Forman
6. Mother's Maiden Name, "
7. Mother's Birthplace, North Carolina.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Gen Hosp.

Remarks,

8970004767

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84254

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)* first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 3 rd 97
4. *Place of Birth, (Street and Number)* #629 Smith Broadway
5. *Full Name of Mother,* Mary Piasecka
6. *Mother's Maiden Name,* Mary Achatel
7. *Mother's Birthplace,* Ostra
8. *Full Name of Father,* Sigmond Piasecki
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Poland

*Name of Medical Attendant,* or other person who makes this Return, ~~Anna~~ Grochmal.

*Address,* # 1710 Alice Anna St.

*Remarks,*

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births with the full name of each child, if any shall have been omitted from the certificate of birth; and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of a certificate between the first and been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, of the person or parents of such immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH $4255

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 4th 1897
4. *Place of Birth, (Street and Number)* 1191 Cornish alley
5. *Full Name of Mother,* Sarah Dorsett
6. *Mother's Maiden Name,* md
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Mr. Dorsett
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, E. Poynter M.D. 115 W. Lombard

*Address,*

*Remarks,*

8970004769

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the name and occupation of its parents, the date and place of birth and the full name and occupation of its parents, the date and place of birth and the full name and occupation of its parents, the date and place of birth and the full

M 1236

# RETURN OF A BIRTH. 84257

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) | First |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 4th July |
| 4. Place of Birth, (Street and Number) | 1323 Hanover st |
| 5. Full Name of Mother, | ann Elizabeth Reeken |
| 6. Mother's Maiden Name, | ann Elizabeth Hill |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | John Joseph Reeken |
| 9. Father's Occupation | Contractor |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Berry |
| Address, | 7[illegible] Hanover st |
| Remarks, | |

8970004771

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or if it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84258

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or ~~female~~) [illegible]
2. Race or Color, (if not of the white race) [illegible]
3. Date of Birth, 4 day of July
4. Place of Birth, (Street and Number) No 4 84 ½ yr 25 ½ st Baltimore
5. Full Name of Mother, Augusta Ritter
6. Mother's Maiden Name, Mehl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christian Ritter
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street

Remarks,

8470004772

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84259

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | July 4 - 97 |
| 4. *Place of Birth, (Street and Number)* | 1400 E Monument St |
| 5. *Full Name of Mother,* | Sarah M Wilson |
| 6. *Mother's Maiden Name,* | " " Deane |
| 7. *Mother's Birthplace,* | Balt |
| 8. *Full Name of Father,* | David Wilson |
| 9. *Father's Occupation* | Saloon Keeper |
| 10. *Father's Birthplace,* | Balt |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A Allwell |
| *Address,* | 1438 N Bond St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84260

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th July 97

4. Place of Birth, (Street and Number) 754 E. Fort Ave

5. Full Name of Mother, Emma Marfield

6. Mother's Maiden Name, " Brewer

7. Mother's Birthplace, Balto

8. Full Name of Father, John Marfield

9. Father's Occupation Boot Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yowell

Address, 650 E. Fort Ave

Remarks,

8 7 7 0 0 0 4 7 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. ... shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such said occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 84261

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d Child |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white race |
| 3. *Date of Birth,* | 4 July |
| 4. *Place of Birth, (Street and Number)* | 1215 China St. |
| 5. *Full Name of Mother,* | Margeretha Theis |
| 6. *Mother's Maiden Name,* | Fleck |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Philip Theis |
| 9. *Father's Occupation* | Wood worker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | M. [illegible] Berry |
| *Address,* | [illegible] |
| *Remarks,* | |

8970004775

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 84262

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | W. C. |
| 3. *Date of Birth,* | July 4 1897 |
| 4. *Place of Birth, (Street and Number)* | 761 Cross St. |
| 5. *Full Name of Mother,* | Caroline Voigt |
| 6. *Mother's Maiden Name,* | Maltzahn. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Gustav Voigt |
| 9. *Father's Occupation* | Kabinetmaker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | [illegible] |
| *Address,* | [illegible] |
| *Remarks,* | |

8970004776

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84263

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III & IV

1. Sex, (state whether male or female) Female & Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, July 5th 1897
4. Place of Birth, (Street and Number) 418 N. Wolfe St
5. Full Name of Mother, Mary Johnston
6. Mother's Maiden Name, Johnston
7. Mother's Birthplace, Louisiana
8. Full Name of Father, Henry Johnston
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm. McNDalany M.D.

Address, Johns Hopkins Hospital, Baltimore Md

Remarks, Twins

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Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1230.]

# RETURN OF A BIRTH. 84264

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* September 5th 1884
4. *Place of Birth, (Street and Number)* Wilkins Ave near Mount
5. *Full Name of Mother,* Rachel Silverman
6. *Mother's Maiden Name,* Rachel Steinberg
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis J Steinberg
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return, Wm J Kelly

*Address,* 1722 Wilkins Ave

*Remarks,*

8 4 7 0 0 0 4 7 7 8

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84265

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 1 1897
4. Place of Birth, (Street and Number) 30 Altemarle St
5. Full Name of Mother, Louise F. Flannery
6. Mother's Maiden Name, Edwards
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Joe Flannery
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman

Address, 42 Altemarle St.

Remarks,

8970004779

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84266

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 3, 1892.
4. Place of Birth, (Street and Number) No. 239 Harford ave
5. Full Name of Mother, Agnes Kirsch
6. Mother's Maiden Name, Agnes Costella
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Kirsch
9. Father's Occupation Horse Shoer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell, M.D.

Address, 1741 Harford ave.

Remarks,

8477000047800

Wm. J. C. Dulany Co,. City Printers and Stationers.

...register of such birth, and shall enter the same on blank schedules to be furnished to him or her by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84267

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | — |
| 3. *Date of Birth,* | July 4th, 1897 |
| 4. *Place of Birth, (Street and Number)* | 111 N. Cary St. |
| 5. *Full Name of Mother,* | Liliay Fernandis |
| 6. *Mother's Maiden Name,* | L. Leonard |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Samuel Fernandis |
| 9. *Father's Occupation,* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | J. A. Zepp M. D. |
| *Address,* | 1057 W. North Ave |
| *Remarks,* | |

8970004781

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 8268

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | Jul. 5 97. |
| 4. *Place of Birth, (Street and Number)* | Md. Gen. Hosp. |
| 5. *Full Name of Mother,* | Rosa Hunter. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | Wm Redmond. |
| 9. *Father's Occupation* | Porter. |
| 10. *Father's Birthplace,* | Va. |
| *Name of Medical Attendant, or other person who makes this Return,* | M. L. Todd |
| *Address,* | Md. Gen Hosp. |
| *Remarks,* | |

8970004782

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84269

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Fmale
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 5th 1897
4. *Place of Birth, (Street and Number)* 1404 Hanover St.
5. *Full Name of Mother,* Ida Robinson
6. *Mother's Maiden Name,* " Evans
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elmer Robinson
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. McDaboe M.D.

*Address,* John Hopkins Hospital, Baltimore, Md

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

84700047 83

# RETURN OF A BIRTH. 84270

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3 1897

4. Place of Birth, (Street and Number) 1172 Cross St

5. Full Name of Mother, Mrs Louisa Kehe Ulrich

6. Mother's Maiden Name, Otto

7. Mother's Birthplace, Louisa Ulrich

8. Full Name of Father, Wenceslaus Geiger

9. Father's Occupation Butcher

10. Father's Birthplace, U. S. Ulrich

Name of Medical Attendant, or other person who makes this Return

Address, 1172 Cross St

Remarks,

8 4 7 0 0 0 4 7 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84271

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Hebrew)
3. *Date of Birth,* July 5 1897
4. *Place of Birth, (Street and Number)* 1401 McCulloh St
5. *Full Name of Mother,* Lottie Seldner
6. *Mother's Maiden Name,* Lottie Heller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Seldner
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return. A C Pole

*Address,* 2038 Madison Av

*Remarks,*

8 7 0 0 0 4 7 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84272

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5th. 1897
4. Place of Birth, (Street and Number) Baltimore No 548 Conway St.
5. Full Name of Mother, Mrs Jane Stoltz
6. Mother's Maiden Name, Miss Jane Pulby
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr Warner Stoltz
9. Father's Occupation Cigar maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Winds

Address, 800 Leadenhall Street

Remarks,

8970004786

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person or practitioner of midwifery of the person or parents of such child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or it shall become the duty of the

# RETURN OF A BIRTH. 8½ 273

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5th of July 92. |
| 4. *Place of Birth, (Street and Number)* | 1931 Ramsey St |
| 5. *Full Name of Mother,* | Lice Lorenz |
| 6. *Mother's Maiden Name,* | Lice Ranadford |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Carle Lorenz |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Keuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8970004787

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. And shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84274

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 6th of July 92. |
| 4. *Place of Birth, (Street and Number)* | 2240 old Pt Henry St |
| 5. *Full Name of Mother,* | Zette Carbowski |
| 6. *Mother's Maiden Name,* | Zette Schreiber |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | August Carbowski |
| 9. *Father's Occupation* | Laber |
| 10. *Father's Birthplace,* | Pole |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keiler midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

8970004788

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule is to be filled out as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84275

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* VII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1897
4. *Place of Birth, (Street and Number)* 502 E. Eutaw St
5. *Full Name of Mother,* Sarah Kierstein
6. *Mother's Maiden Name,* Zindel
7. *Mother's Birthplace,* German
8. *Full Name of Father,* Wm Kierstein
9. *Father's Occupation* Shop Keeper
10. *Father's Birthplace,* German

*Name of Medical Attendant,* or other person who makes this Return, Wm McDaniel M.D.

*Address,* Johns Hopkins Hospital, Baltimore Md

*Remarks,*

8970004789

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84276

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 6th 1897
4. *Place of Birth, (Street and Number)* 2019 Mc Elderry St
5. *Full Name of Mother,* Delia Fuchsenberger
6. *Mother's Maiden Name,* Cosgrove
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Egidius Fuchsenberger
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Wm Lindsay M. D.

*Address,* John Hopkins Hospital, Baltimore, Md

*Remarks,*

8970004790

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84277

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 16 1917

4. Place of Birth, (Street and Number) 421 Eastern Ave.

5. Full Name of Mother, Estelle Daniels

6. Mother's Maiden Name, Estelle Simms

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Harry Daniels

9. Father's Occupation Superintendent

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lucas Asst

Address, 1225 Eager St Balto, Md.

Remarks,

8970004791

Wm. J. C. Dulany Co., City Printers and Stationers.

Name of child to be entered as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84278

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) M—
2. Race or Color, (if not of the white race) Wh
3. Date of Birth, July 6-97
4. Place of Birth, (Street and Number) 2228 Caroline St
5. Full Name of Mother, Mollie Harrington
6. Mother's Maiden Name, Mollie McGrath
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos Harrington
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas F Blake

Address, 1503 E Balto St.

Remarks,

8970004792

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laura Elise Pich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) White
2. Race or color, (if not of the white race)
3. Date of Birth, July 6th 1897
4. Place of Birth, (Street and Number) S. W. Cor. Fremont ave & Hooker st
5. Full Name of Mother, Laura Pich
6. Mother's Maiden Name, " Hoff
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Harry Pich
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return. Dr L Lucas

Address, 533 W. Lombard

Remarks,

8970004793

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

register of such births, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

GIVEN NAME ADDED 6-19-59 872-80

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lavinia Landon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 6th 1897

4. Place of Birth, (Street and Number) 306 Bruce St

5. Full Name of Mother, Carrie Landon

6. Mother's Maiden Name, Carrie Richards

7. Mother's Birthplace, Port Deposit

8. Full Name of Father, Samuel Hanson Landon

9. Father's Occupation Barber

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mary A Tedley

Address, 1004 N St Washington DC

Remarks,

8970004794

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8429

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jul. 6 99.
4. *Place of Birth, (Street and Number)* Md. Genl Hosp.
5. *Full Name of Mother,* Jennie Conway.
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant, or other person who makes this Return,* M. L. Todd. Md. Genl. Hosp.

*Address,*

*Remarks,*

8970004795

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 84282

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6 1897 |
| 4. *Place of Birth, (Street and Number)* | 48 Albemarle St |
| 5. *Full Name of Mother,* | Annie Silber |
| 6. *Mother's Maiden Name,* | Sidlin |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Abram Silber |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. E. J. Sherman |
| *Address,* | 42 Albemarle St |
| *Remarks,* | |

8970004796

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84283

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 6 1897 |
| 4. *Place of Birth, (Street and Number)* | 226 S Richmond St |
| 5. *Full Name of Mother,* | Dora Fayle Bachrach |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Israel Funk |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs E Scherman |
| *Address,* | 42 Albemarle St. |
| *Remarks,* | |

8970004797

The month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

GIVEN NAME ADDED 3-6-57

# RETURN OF A BIRTH. 84284

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph George ~~Deichman~~ Eichman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 6 1897
4. Place of Birth, (Street and Number) 1407 McElderry St
5. Full Name of Mother, Clara Eichman
6. Mother's Maiden Name, " Johnson.
7. Mother's Birthplace, Austria
8. Full Name of Father, William Eichman
9. Father's Occupation Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mrs E. Scherman

Address, 42 Albemarle St.

Remarks,

8470004798

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 84285

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Emma Watts 3 child

1. Sex, (state whether male or female) White female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th of July 84
4. Place of Birth, (Street and Number) ~~2007~~ 607 South pace
5. Full Name of Mother, Emma Watts
6. Mother's Maiden Name, Anna Graham
7. Mother's Birthplace, Calvert County
8. Full Name of Father, George W Watts
9. Father's Occupation, moulder
10. Father's Birthplace, Baltamore

Name of Medical Attendant, or other person who makes this Return, Mrs Bowe

Address, 9 W Lexington

Remarks,

8970004799

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84286

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th of July 92.

4. Place of Birth, (Street and Number) 59 S. Payson St

5. Full Name of Mother, Mina Kass.

6. Mother's Maiden Name, Mina Pflaum

7. Mother's Birthplace, Balto

8. Full Name of Father, Georg F. Kass

9. Father's Occupation Cantg mayer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keitler Midwife

Address, 2116 W Pratt St

Remarks,

8470004800

Baltimore Under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 84287

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7 1897 |
| 4. *Place of Birth, (Street and Number)* | 16 Harrison St. |
| 5. *Full Name of Mother,* | Millie Prech |
| 6. *Mother's Maiden Name,* | Ochman |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Samuel Prech |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs E Scherman |
| *Address,* | 42 Albemarle St. |
| *Remarks,* | Filed - 1897 |

8 9 7 0 0 0 4 8 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84288

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 7, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1846 W. Pratt St |
| 5. *Full Name of Mother,* | Annie Regan |
| 6. *Mother's Maiden Name,* | Annie Schuler |
| 7. *Mother's Birthplace,* | — |
| 8. *Full Name of Father,* | John Regan |
| 9. *Father's Occupation,* | — |
| 10. *Father's Birthplace,* | — |
| *Name of Medical Attendant,* or other person who makes this Return. | H. N. Arthur M.D. |
| *Address,* | 1516 W Lexington St |
| *Remarks,* | |

8970004802

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

36.]

# RETURN OF BIRTH. 84289

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, July 7 '97

4. Place of Birth, (Street and Number) 615 N Eden St

5. Full Name of Mother, Lizzie Russig

6. Mother's Maiden Name, N. Eastlick

7. Mother's Birthplace, Balto Md

8. Full Name of Father, John Russig

9. Father's Occupation Cap Maker

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Madison St

Remarks,

---

Wm. J. C. Dulany Co,. City Printers and Stationers.

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Every person who shall neglect to ascertain the full name of each child, if any shall have been born, and shall set forth in the same and full occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon its birth to the Commissioner of Health, immediately thereafter, it shall become the duty of the person or parents of such child to report the same and within the period above required, and in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

36.]

# RETURN ... H. 84209

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 7 '97
4. *Place of Birth, (Street and Number)* 612 N. Eden St
5. *Full Name of Mother,* Lizzie Russia
6. *Mother's Maiden Name,* Egotsky
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Russia
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Caroline Miller

*Address,* 1605 Madison St

*Remarks,*

---

Wm. J. C. Dulany Co,. City Printers and Stationers.

...month, after the birth, the full name of each child, (if any shall have been ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

36.]

RETURN [redacted] H. 84289

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 7 '97
4. Place of Birth, (Street and Number) 516 N Edenst
5. Full Name of Mother, Lizzie Russig
6. Mother's Maiden Name, V. Egeter
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Russig
9. Father's Occupation Cap Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walbrook St

Remarks,

1896000 4803

Wm. J. C. Dulany Co,. City Printers and Stationers.

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 84290

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 th |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 7th Juli 1890. |
| 4. *Place of Birth, (Street and Number)* | 3 Glasser St. |
| 5. *Full Name of Mother,* | Anna Schefschik |
| 6. *Mother's Maiden Name,* | Durgai. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Joseph Schefschik |
| 9. *Father's Occupation* | Ex Tailor. |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs P Siersmann |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970004804

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

# RETURN OF A BIRTH. 84591

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 7th 1897
4. *Place of Birth, (Street and Number)* 2126 Jefferson St.
5. *Full Name of Mother,* Emma Hunkel
6. *Mother's Maiden Name,* " Schumers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Hunkel
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Geo. Meisenheimer

*Address,* 2225 Gough St. Balto, Md.

*Remarks,*

8970004805

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 94 292

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th July 94
4. *Place of Birth, (Street and Number)* 108 E. West St
5. *Full Name of Mother,* Barbara Osterman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Adam Osterman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Chas E. Jarrell

*Address,* 600 E. Fort Ave

*Remarks,*

8 4 7 0 8 0 4 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84293

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) White Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7/97
4. Place of Birth, (Street and Number) 2415 McCulloh St.
5. Full Name of Mother, Annie Patrick
6. Mother's Maiden Name, Annie Heikman
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno S Patrick
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

8 9 7 0 0 0 4 8 0 7

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84294

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, July 7/97
4. Place of Birth, (Street and Number) 1318 N Broadway,
5. Full Name of Mother, Mary Virgle Trautman
6. Mother's Maiden Name, Mary Virgle
7. Mother's Birthplace, Russia
8. Full Name of Father, Bernard Trautman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 502 N Bond.

Remarks,

8 v 7 0 0 0 4 8 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. A4295

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th July 97

4. Place of Birth, (Street and Number) 1508 Boyle St

5. Full Name of Mother, Elizabeth Scheeler

6. Mother's Maiden Name, " Krull

7. Mother's Birthplace, Balto

8. Full Name of Father, John Scheeler

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. Yewell

Address, 600 E. Fort Ave

Remarks,

8470004809

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84296

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th July 97

4. Place of Birth, (Street and Number) 606 E. Fort Ave

5. Full Name of Mother, Catherine Fitzgerald

6. Mother's Maiden Name, " Barford

7. Mother's Birthplace, Essex Co. Md

8. Full Name of Father, Edwin Fitzgerald

9. Father's Occupation Machinist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. Yewell

Address, 606 E. Fort Ave

Remarks,

8970004810

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner fail to comply with the provisions of this section shall be subject to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

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1236.]

# RETURN OF A BIRTH. 84297

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 7th July 97

4. Place of Birth, (Street and Number) 921 William St

5. Full Name of Mother, Martha Tydings

6. Mother's Maiden Name, " Houghton

7. Mother's Birthplace, Bay Hundred Talbot Co Md

8. Full Name of Father, Boyd Tydings

9. Father's Occupation Captain

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Jno E. Yewell

Address, 650 E Fort Ave

Remarks,

8 2 7 0 0 8 4 8 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The attending Physician or Midwife shall ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the time between the first and said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the mother immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84298

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | July 7th 1897 |
| 4. *Place of Birth, (Street and Number)* | 265 Roland Ave |
| 5. *Full Name of Mother,* | Annie C De Haven |
| 6. *Mother's Maiden Name,* | " " Annis |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Harry J De Haven |
| 9. *Father's Occupation* | Patent-lawyer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm H. Feddeman |
| *Address,* | # 102 Chestnut Ave |
| *Remarks,* | |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH 84299

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

This schedule shall contain a list of the names and residences of the mothers of each child, (if any shall have been concealed,) born within the city of Baltimore, and shall be delivered to the Registrar of Vital Statistics, or to the person authorized to receive the same, within ten days after the birth of each child. (If any shall have been concealed and shall set forth as far as the same can be ascertained the full name of each child; and the said schedule shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* July 7. 1897
4. *Place of Birth (Street and Number),* 1239 Penn Av
5. *Full Name of Mother,* Sara Lanitzker
6. *Mother's Maiden Name,* Kachmirowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wm. Lanitzker
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return. Wm. Wolf

*Address,* 915 N. Paca St

*Remarks,*

8970004813

City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 84300

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex,* (*state whether male or female*) Boy

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* July 7th 1897

4. *Place of Birth,* (*Street and Number*) 2125 McElderry Street

5. *Full Name of Mother,* Lizzie Huggel

6. *Mother's Maiden Name,* Lizzie Fidler

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Henry Huggel

9. *Father's Occupation* U.S.C.

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs H Brown Midwife

*Address,* 1922 E Fayette Street

*Remarks,*

6970004814

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-97

# RETURN OF A BIRTH. 97301

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arnold Lueckert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White / German
3. Date of Birth, July 8/97
4. Place of Birth, (Street and Number) 1871 Kensett St
5. Full Name of Mother, Annie Lueckert
6. Mother's Maiden Name, Anne Bettenhausen
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo. Wm Lueckert
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, A E Pole

Address, 2038 Madison Av

Remarks,

8970004815

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

GIVEN NAME ADDED 11-19-59

# RETURN OF A BIRTH. 84302

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Anna Dietz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 8th 1897
4. Place of Birth, (Street and Number) 1415 W Lombard St
5. Full Name of Mother, Catherine Dietz
6. Mother's Maiden Name, Catherine Lindauer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George Dietz
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Barge

Address, [illegible]

Remarks,

8470004816

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84303

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th July 1897

4. Place of Birth, (Street and Number) #517 East Lee St

5. Full Name of Mother, Catherine Blank

6. Mother's Maiden Name, " Fale

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry Blank

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Catherine Blank

Address, #2225 Eastern Ave Balto. Md.

Remarks, John George Blank

8 4 7 0 0 0 4 8 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84304

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 8 - 97
4. Place of Birth, (Street and Number) 915 N Eden
5. Full Name of Mother, Sadie Franklin
6. Mother's Maiden Name, " Steiner
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Franklin
9. Father's Occupation Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8970004818

Wm. J. C. Dulany Co., City Printers and Stationers.

Section. The above shall contain as near as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

# RETURN OF A BIRTH. 4305

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 5. 11. 45. A M.
4. Place of Birth, (Street and Number) 1611 Olive Street.
5. Full Name of Mother, Sophie Hutton
6. Mother's Maiden Name, Boyt.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, James Thomas Hutton
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Fr. M. Kane / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970004819

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84306

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1897
4. *Place of Birth, (Street and Number)* 2213 Boyle St
5. *Full Name of Mother,* Gertrude Fitzgerald
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo F. Fitzgerald
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ellicott City, Md

*Name of Medical Attendant,* or other person who makes this Return, Wm M Dulany M.D.

*Address,* John Hopkins Hospital, Baltimore, Md

*Remarks,*

1 8 4 7 0 0 0 4 8 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84307

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jul 8th
4. Place of Birth, (Street and Number) 1621 Division St
5. Full Name of Mother, Mary Graham
6. Mother's Maiden Name, Stephens
7. Mother's Birthplace, Balt City
8. Full Name of Father, Leo Graham
9. Father's Occupation Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, John E Huck

Address, 647 N Lafayette Ave

Remarks,

8 9 7 0 0 0 4 8 2 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84308

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 9th July 99
4. *Place of Birth, (Street and Number)* 720 E. Fort Ave
5. *Full Name of Mother,* Ella Hartmare
6. *Mother's Maiden Name,* " Fagle
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* Chas Hartmare
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* Chas E. Gowell

*Address,* 650 E. Fort Ave

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

84700084822

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# RETURN OF A BIRTH. 84309

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 9, 1894.
4. Place of Birth, (Street and Number) 310 Sycamore ave.
5. Full Name of Mother, Eliza Jane Elbert.
6. Mother's Maiden Name, Measenhammer.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Francis Elbert.
9. Father's Occupation Pumper.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Nicholas M.D.

Address, 291 Chestnut ave.

Remarks,

8970004823

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84310

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles L. Wiedeman

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 9. |
| 4. Place of Birth, (Street and Number) | 1143 Hanburg |
| 5. Full Name of Mother, | Anna Mary Wiedeman |
| 6. Mother's Maiden Name, | " " Pickert |
| 7. Mother's Birthplace, | Baltimore City |
| 8. Full Name of Father, | Gustave G. Wiedeman |
| 9. Father's Occupation | Baker |
| 10. Father's Birthplace, | Baltimore City |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Lange |
| Address, | 711 Lemmert. |
| Remarks, | |

8970004824

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84311

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 17th 1897

4. *Place of Birth, (Street and Number)* 2214 Linwood Place

5. *Full Name of Mother,* Agnes Schmidt

6. *Mother's Maiden Name,* Agnes Hamilton

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Schmidt

9. *Father's Occupation* Plumber

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Dr. Simmons

*Address,* 2225 Lloyd St. Balto. Md.

*Remarks,*

8970004825

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84312

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 w

1. *Sex, (state whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* July 9th 1897
4. *Place of Birth, (Street and Number)* # 325 S. Glenn Le
5. *Full Name of Mother,* Mary Newton
6. *Mother's Maiden Name,* " Crane
7. *Mother's Birthplace,* Queen Anne Co Md
8. *Full Name of Father,* Fred'k Newton
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. Md

*Name of Medical Attendant,* or other person who makes this Return. H L Haskins

*Address,* 835 N Linwood Av

*Remarks,*

8 9 7 0 0 0 4 8 2 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84313

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 9th 1897
4. Place of Birth, (Street and Number) 1117 Druid Hill Alley
5. Full Name of Mother, Annie Gordon
6. Mother's Maiden Name, " Pondexter
7. Mother's Birthplace, Anne Arundel Co.
8. Full Name of Father, Chas. J. Gordon
9. Father's Occupation Hod Carrier
10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dot

Address, 1617 N Calhoun

Remarks,

18970004827

Wm. J. C. Dulany Co,. City Printers and Stationers.

...shall be the duty of the person in charge of each house, or the nearest relative present at the birth, or the physician or midwife in attendance, to report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of its parents, the date and place of birth, and the sex, color, and whether the child is single, twin or triplet, and the number (if more than one) to whom the same may be assigned, and whether (if born in wedlock) its legitimacy has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84314

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 9/17
4. Place of Birth, (Street and Number) 914 Russell St.
5. Full Name of Mother, Elizabeth Hofmann
6. Mother's Maiden Name, " Engelhardt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius R. Hofmann
9. Father's Occupation, Drill Master
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos McLumpsin M.D.

Address, 412 S Paca St.

Remarks,

8970004828

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84315

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Milton Earl Crouse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 Dec 1897

4. Place of Birth, (Street and Number) 1825 E. Lemmon

5. Full Name of Mother, Lillie Livings

6. Mother's Maiden Name, Lillie Hart

7. Mother's Birthplace, Baltimore md

8. Full Name of Father, Elmer E. Crouse

9. Father's Occupation Cutter

10. Father's Birthplace, Frederick Co md.

Name of Medical Attendant, or other person who makes this Return, Mary Pitt Mercede

Address, 1913 E Lemmon

Remarks,

1897 00 0 0 4829

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84316

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Karl Leroy |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July – 9th 97 |
| 4. *Place of Birth, (Street and Number)* | 1127. N. Mount St |
| 5. *Full Name of Mother,* | Margaret Loose |
| 6. *Mother's Maiden Name,* | " Frankein |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | John W. Loose |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | D. Frank Jones MD |
| *Address,* | 1336. N Gilmor |
| *Remarks* | Name added 11/7/38 |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 24317

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th
4. Place of Birth, (Street and Number) 114 Scott st Balto
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, Maggie Herzog
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Smith
9. Father's Occupation Butler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Leahy

Address, 1004 W 24 Lexington St

Remarks,

8970004831

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84318

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 9th 1897 |
| 4. *Place of Birth, (Street and Number)* | 137 N Washington Street |
| 5. *Full Name of Mother,* | Margarethe Schnader |
| 6. *Mother's Maiden Name,* | Margarethe Dank |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Sebastian Schnader |
| 9. *Father's Occupation* | Saloonkeeper |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Brun Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84319

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1. 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 9th of July 97 |
| 4. *Place of Birth, (Street and Number)* | 334 Lombard St |
| 5. *Full Name of Mother,* | Dorothea Geiss |
| 6. *Mother's Maiden Name,* | Dorothea Büsse |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Conrad Geiss |
| 9. *Father's Occupation* | Bäcker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Heuler Midwife |
| *Address,* | 216 W. Pratt St |
| *Remarks,* | |

8970004833

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# RETURN OF A BIRTH. 84320

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 9th 97
4. Place of Birth, (Street and Number) 1501 Hanover St.
5. Full Name of Mother, ~~Amelia Seidewitz~~ Amelia Schmidt
6. Mother's Maiden Name, Amelia Seidewitz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Schmidt
9. Father's Occupation Druggist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minick

Address, 100 Leadenhall Street.

Remarks,

8470004834

Wm. J. C. Dulany Co., City Printers and Stationers.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84321

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Boy |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 16th 1897 |
| 4. *Place of Birth, (Street and Number)* | 449 S. Spring Street |
| 5. *Full Name of Mother,* | Johanna May |
| 6. *Mother's Maiden Name,* | Johanna Petsch |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Georg May |
| 9. *Father's Occupation* | Printer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. H. Keen, Midwife |
| *Address,* | 1922 E. Fayette Street |
| *Remarks,* | |

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# RETURN OF A BIRTH. 84322

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10

4. Place of Birth, (Street and Number) Private Residence 615 "

5. Full Name of Mother, Mrs Carrie B Louise Beckman

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry Beckman

9. Father's Occupation R R

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. D. B. Wellmark

Address, 11 N Carey St

Remarks, Instrumental

18970004836

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84323

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3 rd

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10/97
4. Place of Birth, (Street and Number) # 805 East Pratt St
5. Full Name of Mother, Martha Pisdrowski.
6. Mother's Maiden Name, Martha Kostowski.
7. Mother's Birthplace, Germany
8. Full Name of Father, Sezwitz Pisdrowski.
9. Father's Occupation Shoe Maker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Biegia.

Address, #1721 South Ann St

Remarks,

8970004837

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RM 1236]

# RETURN OF A BIRTH. 87324

GIVEN NAME ADDED 3/13/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MAX Goodman

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 10. 1897 |
| 4. Place of Birth, (Street and Number) | 2-32 Light St |
| 5. Full Name of Mother, | Beckie Goodman |
| 6. Mother's Maiden Name, | " Grozdzsky |
| 7. Mother's Birthplace, | Russia |
| 8. Full Name of Father, | David Goodman |
| 9. Father's Occupation | Shoemaker. |
| 10. Father's Birthplace, | Russia |
| Name of Medical Attendant, or other person who makes this Return, | Mrs. E. Scherman |
| Address, | 42 Albemarle St. |
| Remarks, | |

8970004838

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. # 325

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1897
4. Place of Birth, (Street and Number) 130 W Oster st
5. Full Name of Mother, Emma Estell O'Neil
6. Mother's Maiden Name, Lockwood
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Joseph O'Neil
9. Father's Occupation, Conductor on Rail Road
10. Father's Birthplace, Iceland

Name of Medical Attendant, or other person who makes this Return, Dr. E. H. Hayden

Address, 1425 Light st

Remarks, Name of Child Robert Emmet O'Neil

8477004839

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 84326

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 1/2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of July 97.
4. *Place of Birth, (Street and Number)* 1513. W. Balto St.
5. *Full Name of Mother,* Elizabeth Schaw
6. *Mother's Maiden Name,* Elizabeth Cassidy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg L. Schaw
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Friederike Bender midwife

*Address,* 216 W. Pratt St

*Remarks,*

8970004840

Wm. J. C. Dulany Co., City Printers and Stationers.

Whole, or part of the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84327

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 10th 1897
4. Place of Birth, (Street and Number) 1700 E. Lanvale st.
5. Full Name of Mother, Mamie M. Johnston
6. Mother's Maiden Name, " " Blake
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. L. Johnston
9. Father's Occupation Printer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8470004841

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84328

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10 1897

4. Place of Birth, (Street and Number) 934 Beechave city

5. Full Name of Mother, Mildred J James

6. Mother's Maiden Name, Schaum

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Josiah T James

9. Father's Occupation Surveyor

10. Father's Birthplace, Baltimore county

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 575 Richard Ave city

Remarks,

1897 00048 42

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84329

CERTIFICATE CORRECTED 10-10-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Delma ~~Louise~~ Dowling

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd Child |
| 1. *Sex, (state whether male or female)* | Female ~~Male~~ |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 17, 1897 |
| 4. *Place of Birth, (Street and Number)* | 168 N. William St |
| 5. *Full Name of Mother,* | Inggu (Ingo) Dowling |
| 6. *Mother's Maiden Name,* | Ingo Stone |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Walter (Wm) Dowling |
| 9. *Father's Occupation* | Car Hunter |
| 10. *Father's Birthplace,* | Eastern Shore |
| *Name of Medical Attendant,* or other person who makes this Return, | W. R. Cask |
| *Address,* | 2/3 E Heath St |
| *Remarks,* | Long Wharf |

8970004843

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 84330

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 9 th. |
| 1. Sex, (state whether male or female) | male. |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 10 th. July 1897. |
| 4. Place of Birth, (Street and Number) | 1246 Caton St. |
| 5. Full Name of Mother, | Josepine Schwitsch Kofski |
| 6. Mother's Maiden Name, | Kozlan. |
| 7. Mother's Birthplace, | Germany. |
| 8. Full Name of Father, | Joseph Schwitsch Kofski |
| 9. Father's Occupation | Labor |
| 10. Father's Birthplace, | Germany. |
| Name of Medical Attendant, or other person who makes this Return, | Mrs P. Liverman |
| Address, | 2422 Elliott St. |
| Remarks, | |

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[illegible] of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such any such person or persons who shall hereafter fail to comply with the

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# RETURN OF A BIRTH. 24331

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 11th 1877

4. Place of Birth, (Street and Number) #663 E. Lanvale St.

5. Full Name of Mother, Mollie Thomas

6. Mother's Maiden Name, Price

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nicholas Thomas

9. Father's Occupation Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Lemuel Ellis

Address, #2225 Maryland Ave, Balto, Md.

Remarks,

18970004845

The Sheriff shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 24332

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1897

4. Place of Birth, (Street and Number) 1122 Monticello Av Balto

5. Full Name of Mother, Mrs. Mollie G. Blumenauer

6. Mother's Maiden Name, Mollie Glendora Hayes

7. Mother's Birthplace, Franklin Co Pa

8. Full Name of Father, Louis M. Blumenauer

9. Father's Occupation Telegraph Operator

10. Father's Birthplace, Alexandria Va

Name of Medical Attendant, or other person who makes this Return. Mrs Boyce

Address, 2 W Lexington

Remarks,

8 9 7 0 0 0 4 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth hereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84333

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11 to 1927
4. *Place of Birth, (Street and Number)* 224 N. Chapel St.
5. *Full Name of Mother,* Annie Kenny
6. *Mother's Maiden Name,* Annie Sullivan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Kenny
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Vincent Mc

*Address,* 2225 Orchard St. Balto Md.

*Remarks,*

---

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84334

CERTIFICATE CORRECTED 5-28-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Lillian Rosina Bünte~~ Girl

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 11th 1899
4. *Place of Birth, (Street and Number)* 615 Frederick Ave
5. *Full Name of Mother,* Mrs. ~~Bertha Johanna Louise Bünte~~ " Boeseler
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace* Germany
8. *Full Name of Father,* Carl Frederick August Bünte
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return D. D. Emerich

*Address,* 11 N. Carey St.

*Remarks,*

8 9 7 0 0 0 4 8 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84335

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Hebrew)
3. *Date of Birth,* July 11/97
4. *Place of Birth, (Street and Number)* 2328 Eutaw Place
5. *Full Name of Mother,* Florence Hardt
6. *Mother's Maiden Name,* Florence Konigsberg
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* M. Hecht
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* A.C. Polk

*Address,* 2038 Madison Av

*Remarks,*

8 9 7 0 0 0 4 8 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or such other place as may be designated by the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84336

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 11 / 97
4. *Place of Birth, (Street and Number)* 834 W. Pratt St.
5. *Full Name of Mother,* Elizabeth Dill
6. *Mother's Maiden Name,* " Walters
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Francis W. Dill
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Thos McLemphrin

*Address,* 412 S Paca st.

*Remarks,*

8470004850

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 24337

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colt
3. Date of Birth, 4 Dec 6
4. Place of Birth, (Street and Number) 1816 Bank st
5. Full Name of Mother, Kate Kirchmann
6. Mother's Maiden Name, Kate Dirken
7. Mother's Birthplace, Germany
8. Full Name of Father, Bud H Kirchmann
9. Father's Occupation Gardener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs J Burkhardt

Address, 1411 E Eutaw st

Remarks,

8970004851

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84338

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11, 1897
4. Place of Birth, (Street and Number) No. 2200 Boone Street.
5. Full Name of Mother, Mamie Eck.
6. Mother's Maiden Name, Mamie Belt.
7. Mother's Birthplace, Maryland
8. Full Name of Father, Cedr Eck.
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clendell M.D

Address, 1741 Harford ave

Remarks,

8970004852

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84339

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | July 11/97 |
| 4. Place of Birth, (Street and Number) | #205 Prospect Ave |
| 5. Full Name of Mother, | Emma L Shewell |
| 6. Mother's Maiden Name, | " " Robertson |
| 7. Mother's Birthplace, | Va. |
| 8. Full Name of Father, | J. H. Shewell |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace, | Penn |
| Name of Medical Attendant, or other person who makes this Return, | Wm. H. Feddeman |
| Address, | #182 Chestnut Ave |
| Remarks, | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84340

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 11th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1325 N. Mount |
| 5. *Full Name of Mother,* | Katie Elcon Easton |
| 6. *Mother's Maiden Name,* | " " Jones |
| 7. *Mother's Birthplace,* | La. |
| 8. *Full Name of Father,* | Edward Cutler Easton |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Ohio |
| *Name of Medical Attendant, or other person who makes this Return,* | G. Frank Jones M.D. |
| *Address,* | 1336 N. Gilmor |
| *Remarks,* | GIVEN NAME ADDED 11-5-53 L.M. |

8970004854

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84341

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th July 97

4. Place of Birth, (Street and Number) 204 E. Cross St

5. Full Name of Mother, Louise Randell

6. Mother's Maiden Name, " Neal

7. Mother's Birthplace, Balto

8. Full Name of Father, John A Randell

9. Father's Occupation Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E. Yewell

Address, 650 E. Fort Ave

Remarks,

8 9 7 0 0 0 4 8 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ...month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child ...third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in ...shall occur without the attendance of a physician or practioner of the duty of the person or parents of such ...attendance upon the mother, immediately thereafter it shall become and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- ...any such person or persons who shall hereafter fail to comply with the forfeitures are recoverable. ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and offence.

1236]

GIVEN NAME ADDED 3-26-52

# RETURN OF A BIRTH. 84342

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin ~~Emil~~ Otto Staehlin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, July 11. 1897
4. Place of Birth, (Street and Number) 1045 South Sharp Str
5. Full Name of Mother, Rose Staehlin.
6. Mother's Maiden Name, Rose Dederer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Emil H Staehlin
9. Father's Occupation Grocer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 805 Leadenhall Street

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84043

CERTIFICATE CORRECTED 9-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Cieslinski

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 11/97
4. Place of Birth, (Street and Number) #616 South Wolfe St
5. Full Name of Mother, ~~Agnes Cieslinska~~ Agnes Cieslinski
6. Mother's Maiden Name, A. Smiglewska
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~Ignacy Cieslinska~~ Agnatius Cieslinski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, ~~Agnes~~ Grochmal

Address, #1710 Alice Anna St

Remarks, None

8770004857

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84344

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: William Stumpf Jr

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | 11th of July 98 |
| 4. Place of Birth, (Street and Number) | 2102 Vine St. |
| 5. Full Name of Mother, | Mage (Stumpf) Stumpf |
| 6. Mother's Maiden Name, | Mage Willich |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | Wilhelm (Stump) |
| 9. Father's Occupation | Butcher |
| 10. Father's Birthplace, | Balto |
| Name of Medical Attendant, or other person who makes this Return, | Friederike Keuler midwife |
| Address, | 2116 N. Front St. |
| Remarks, | |

E47000048588

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84345

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 11th
4. *Place of Birth, (Street and Number)* 1071 Argyle Ave
5. *Full Name of Mother,* Bertha Bernstein
6. *Mother's Maiden Name,* " Bortnisheimer
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Simon Bernstein
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Richmond Va

*Name of Medical Attendant,* or other person who makes this Return, Dr Wm E Huck

*Address,* 647 N Lafayette Ave

*Remarks,*

8 7 7 0 0 0 4 8 5 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84346

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 12 1897 |
| 4. *Place of Birth, (Street and Number)* | 2113 Hanover St. |
| 5. *Full Name of Mother,* | Philippine Charlotte Egner |
| 6. *Mother's Maiden Name,* | Philippine Charlotte Meun |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Bernhard Egner |
| 9. *Father's Occupation* | Labor. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | [illegible] |
| *Address,* | [illegible] |
| *Remarks,* | |

8970004860

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84347

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth Child. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 12th |
| 4. *Place of Birth, (Street and Number)* | Balto 1241 S. Eutaw |
| 5. *Full Name of Mother,* | Harriett Heim |
| 6. *Mother's Maiden Name,* | Harriett Hartman |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Joseph Heim |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | [illegible] |
| *Address,* | 711 Lemmon |
| *Remarks,* | |

8970004861

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 87346

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 12th, 1897
4. Place of Birth, (Street and Number) 2229 Pennsylvania Ave.
5. Full Name of Mother, Mrs. Mary Volker
6. Mother's Maiden Name, Nagel
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. George J. Volker
9. Father's Occupation, Leather Merchant
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller, M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8970004862

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84349

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th. |
| 1. *Sex, (state whether male or female)* | male. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 12 th July 1877. |
| 4. *Place of Birth, (Street and Number)* | 2426 Fätt enue. |
| 5. *Full Name of Mother,* | Lisi Römer. |
| 6. *Mother's Maiden Name,* | Birn. |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | Geo ch Rimmer. |
| 9. *Father's Occupation* | Penter. |
| 10. *Father's Birthplace,* | Baltimor. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S. Liersmann. |
| *Address,* | 2922 Elliott Street. |
| *Remarks,* | |

8 9 7 0 0 0 4 8 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. It is hereby made the duty of the Physician who shall have attended upon the mother, or other person in charge of the child, to furnish the Registrar of Vital Statistics, within ten days after the birth, a full and correct statement of the facts which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84350

GIVEN NAME ADDED. 4/14/64

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Edna M. Becker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, July 22 1897
4. Place of Birth, (Street and Number) 316 N. Amity St
5. Full Name of Mother, Katie Becker
6. Mother's Maiden Name, Fiehle
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Becker
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970004864

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 1/97
4. *Place of Birth, (Street and Number)* 706 W. Calhoun st
5. *Full Name of Mother,* Mattie Mason Funkhauser Brady
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Sloane Funkhauser
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Jas. E. Gilbourne M.D.

*Address,* 1102 W. Lafayette ave

*Remarks.*

8 9 7 0 0 0 4 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the other person be in shall occur without the attendance of a physician or midwifery, or should no other person be required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84352

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 5 1897
4. Place of Birth, (Street and Number) 1320 W Stockton
5. Full Name of Mother, Mary Fuchs
6. Mother's Maiden Name, Leary
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Fuchs
9. Father's Occupation Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Sarah E Dot

Address, 1617 N. Calhoun

Remarks,

8 9 7 0 0 0 4 8 6 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84353

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* July 6th 1897

4. *Place of Birth, (Street and Number)* 24 Woodberry Ave West Woodberry

5. *Full Name of Mother,* Fanny E Flegal

6. *Mother's Maiden Name,* Fanny E Duvall

7. *Mother's Birthplace,* Washington, D.C.

8. *Full Name of Father,* Archie C. Flegal

9. *Father's Occupation* Machinist

10. *Father's Birthplace,* Carroll Co. Md.

*Name of Medical Attendant,* or other person who makes this Return. Geo. C. Shower M.D.

*Address,* 421 Roland Ave.

*Remarks,*

8970004867

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84354

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 7th 1897
4. Place of Birth, (Street and Number) 1219 Bauer Av.
5. Full Name of Mother, Louisa D. Miller
6. Mother's Maiden Name, Timpson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles E. Miller
9. Father's Occupation Lithographer
10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return, Robt. P. Co. Schleich M.D.

Address, 1458 Riviera Av.

Remarks,

8 9 7 0 0 0 4 8 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84355

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 7th Dec 1897
4. *Place of Birth*, (*Street and Number*) 2502 Druid
5. *Full Name of Mother*, Bertha Gerhausen
6. *Mother's Maiden Name*, Bertha Wiese
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Henry Gerhausen
9. *Father's Occupation* Butcher
10. *Father's Birthplace*, Baltimore

*Name of Medical Attendant*, or other person who makes this Return, Mary Smith midwife

*Address*, 1407 E Eager St

*Remarks*,

8970004869

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236.]

# RETURN OF A BIRTH. 8356

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12. 1897
4. *Place of Birth, (Street and Number)* 1326 E. Pratt St.
5. *Full Name of Mother,* Lena Caplon
6. *Mother's Maiden Name,* " Isaacson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Caplon
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. E. Scherman

*Address,* 72 Albemarle St

*Remarks,*

8970004870

Wm. J. C. Dulany Co,. City Printers and Stationers.

Section. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 8 4 9357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, July 12, 1894.
4. Place of Birth, (Street and Number) 1292 Roland ave.
5. Full Name of Mother, Carrie Blanche Garrison.
6. Mother's Maiden Name, Shipley.
7. Mother's Birthplace, Ind.
8. Full Name of Father, James Thomas Garrison.
9. Father's Occupation Tin plate worker.
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 4 9 3 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236]

# RETURN OF A BIRTH. 84338

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Gertrude ——— Hopkins

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th. |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | July 12, 1897 |
| 4. Place of Birth, (Street and Number) | 830 S. Dillon St. |
| 5. Full Name of Mother, | Clara Hopkins |
| 6. Mother's Maiden Name, | Clara McCormick |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | James Hopkins |
| 9. Father's Occupation | Brick-layer |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | Mary L. Swayne |
| Address, | 824 S. Dansbee St. |
| Remarks, | 3-4-24 |

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L.M.

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Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, July 12th 1897
4. Place of Birth, (Street and Number) 228 Chase Street
5. Full Name of Mother, Sarah Taylor.
6. Mother's Maiden Name, Sarah Taylor.
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard Bernhart
9. Father's Occupation Waiter
10. Father's Birthplace, N. Va.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Gen. Hosp.

Remarks,

8970004873

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

[1236]

# RETURN OF A BIRTH. 84360

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Irvin Herman Bittorf

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Sixth |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | July 12 th 1897 |
| 4. Place of Birth, (Street and Number) | No 1173 Hanover |
| 5. Full Name of Mother, | Emilie ~~Ernestine~~ Bittorf |
| 6. Mother's Maiden Name, | Emilie ~~Ernestine~~ Winkelman |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | Henry Bittorf |
| 9. Father's Occupation | Saloon Keeper |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Münch |
| Address, | 800 Leadenhall Street. |
| Remarks, | CERTIFICATE CORRECTED 3-6-52 |

8470004874

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The Sanitarian shall publish a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84361

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

*No. of Child of Mother,* (state whether 1st. 2d, 3d, &c.) 4

1. *Sex* (state whether male ~~or female~~),
2. *Race or Color* (if not of the white race),
3. *Date of Birth,* 12 th July 1877
4. *Place of Birth* (Street and Number), 2735 St Paul St
5. *Full Name of Mother,* Alice G. Payne
6. *Mother's Maiden Name,* " " Conman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. H. Morgan Payne
9. *Father's Occupation,* R. E. Broker
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return. Geo H. Lyle

*Address,* Linden Ave & Wilson Pl

*Remarks,*

ferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

altimore Publishing Co., City Printers and Stationers

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# RETURN OF A BIRTH. 84362

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Harry Joseph Larkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12th July 1897

4. Place of Birth, (Street and Number) No 1227 Chapel

5. Full Name of Mother, Hester Larkins

6. Mother's Maiden Name, Hester Warner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jake Larkins

9. Father's Occupation Brass Works

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lamm

Address, No 1054 Maryland Ave

Remarks, Bal Md

1897

Wm. J. C. Dulany Co., City Printers and Stationers.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 84363

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 12 11
4. *Place of Birth, (Street and Number)* Baltimore, 1133 Cleveland Stat
5. *Full Name of Mother,* Mrs John Patterson
6. *Mother's Maiden Name,* Miss Josefine Klapka
7. *Mother's Birthplace,* Austria Vienna
8. *Full Name of Father,* Mr George Patterson
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Barge

*Address,* 711 Hanover

*Remarks,*

8477004877

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84364

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* July 13 1897
4. *Place of Birth, (Street and Number)* 127 N. High Sts
5. *Full Name of Mother,* Beke Silverman
6. *Mother's Maiden Name,* Vasenstein
7. *Mother's Birthplace,* Russia Ostretoman State
8. *Full Name of Father,* Simon Silverman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia Minsk State

*Name of Medical Attendant, or other person who makes this Return,* H. Flinder M.d.

*Address,* 143. N. Front sts

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84365

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd.

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* July 13th 1897

4. *Place of Birth, (Street and Number)* 617 Hanover Garden Bet

5. *Full Name of Mother,* Mary Butler

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Butler

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Md

*Name of Medical Attendant,* or other person who makes this Return, E. Dugatz M.D.

*Address,* 115 W Lombard,

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84366

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13th 97

4. Place of Birth, (Street and Number) 1238 E. Eager st.

5. Full Name of Mother, Rebecca Hubbard

6. Mother's Maiden Name, Rebecca Mettee

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Geo. W. Hubbard

9. Father's Occupation, Huckster

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer

Address, 1033 N. Caroline st.

Remarks,

8 9 7 0 0 0 4 8 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-28-50

[336.]

# RETURN OF A BIRTH. 84367

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gezel Rudman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13 1897
4. Place of Birth, (Street and Number) 14 Harrison St.
5. Full Name of Mother, Rachel Rudman
6. Mother's Maiden Name, " Schechter
7. Mother's Birthplace, Russia
8. Full Name of Father, Harry Rudman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Soberman

Address, 42 Altemarle St.

Remarks,

1897 0004881

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall enter a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84368

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Non 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 13th July |
| 4. *Place of Birth, (Street and Number)* | 823 Greenmount Ave |
| 5. *Full Name of Mother,* | Maggie Whelan |
| 6. *Mother's Maiden Name,* | Coulan |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Patick J Whelan |
| 9. *Father's Occupation* | Coachman |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant, or other person who makes this Return,* | Annie OBrien |
| *Address,* | 902 Greenmount ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers

236.]

# RETURN OF A BIRTH. 84369

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 13th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1214 Orleans Street |
| 5. *Full Name of Mother,* | Christine Rabenstein |
| 6. *Mother's Maiden Name,* | Christine Siegenbach |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Charles Rabenstein |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kraus, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8 9 7 0 0 0 4 8 8 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 8C370

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Jul 14 '9[illegible].
4. *Place of Birth, (Street and Number)* Md. Gen. Hosp.
5. *Full Name of Mother,* Hattie Parker.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* [redacted]
8. *Full Name of Father,* [illegible] Jackson.
9. *Father's Occupation* Drayman.
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd.

*Address,* Md. Gen. Hosp.

*Remarks,*

8970004884

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84371

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* XIII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* July 14th 1897
4. *Place of Birth, (Street and Number)* 1712 McCabe St
5. *Full Name of Mother,* Priscilla Barrett
6. *Mother's Maiden Name,* Ross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Saml. H. Barrett
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm. Nidaburn. Md.

*Address,* Johns Hopkins Hospital Baltimore, Md.

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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[236]

# RETURN OF A BIRTH. 84372

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Dec 1897
4. *Place of Birth, (Street and Number)* 520 S. Caroline St.
5. *Full Name of Mother,* Agnes Seitz
6. *Mother's Maiden Name,* Agnes Seitz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Seitz
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Lucinda Fox

*Address,* 2225 Eastern Ave Balto Md

*Remarks,*

8 9 7 0 0 0 4 8 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall have been present at the birth of any child, and every person having charge of any child to which a birth shall have been conferred, shall ascertain the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84373

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Oct 12 1897

4. *Place of Birth, (Street and Number)* 1352 Baltimore St

5. *Full Name of Mother,* Lillian M Jones

6. *Mother's Maiden Name,* Lillian M Thorn

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles F Jones

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Morris Jones

*Address,* 1337 Druid Hill Ave

*Remarks,*

8970004887

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

GIVEN NAME ADDED 3-28-60

# RETURN OF A BIRTH 84374

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

Margaret Lauterbach

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 97
4. Place of Birth, (Street and Number) 428 N. Collington Ave.
5. Full Name of Mother, Elizabeth Lauterbach
6. Mother's Maiden Name, Eliz. Luft
7. Mother's Birthplace, Germany
8. Full Name of Father, George Lauterbach
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1033 N. Caroline st

Remarks,

8970004888

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever, required by this act to report the birth of any child, shall fail to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8375

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 14th 1897

4. Place of Birth, (Street and Number) 1105 Edendemere st

5. Full Name of Mother, Helen Weikel

6. Mother's Maiden Name, " Schaaf

7. Mother's Birthplace, Pa

8. Full Name of Father, John C. Weikel

9. Father's Occupation Merchant Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8970004889

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84376

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 14 1897.
4. *Place of Birth, (Street and Number)* 1920 E. Lanvale St
5. *Full Name of Mother,* Louisa Stevens
6. *Mother's Maiden Name,* Louisa Ellis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Stevens
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Lucretia Lee

*Address,* 2225 Druid Hill Ave Baltimore Md

*Remarks,*

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

# RETURN OF A BIRTH. 84377

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* July 14th 11 Pm
4. *Place of Birth,* (*Street and Number*) Leadenhall St
5. *Full Name of Mother,* Margaret [illegible] Everett
6. *Mother's Maiden Name,* Margaret [illegible]
7. *Mother's Birthplace,* [illegible] Scotland
8. *Full Name of Father,* Samuel [illegible] Everett Jr
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Balto Co

*Name of Medical Attendant,* or other person who makes this Return, Mrs Winch

*Address,* 805 Leadenhall Street.

*Remarks,*

8970004891

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84378

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 14th 1897
4. Place of Birth, (Street and Number) 700 W. Lombard St.
5. Full Name of Mother, Minna Greenewald
6. Mother's Maiden Name, Minna Roth.
7. Mother's Birthplace, Austria
8. Full Name of Father, David Greenewald
9. Father's Occupation Collector
10. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, Mrs Mayer

Address, 711 6 East

Remarks,

8970004892

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 84379

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | 207 Montpelier Ave |
| 5. *Full Name of Mother,* | Lizzie Holzmann |
| 6. *Mother's Maiden Name,* | Lizzie Rauchhaupt |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | August Holzmann |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kroon, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8970004893

Wm. J. C. Dulany Co,. City Printers and Stationers.

months, shall state correctly as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 84380

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ella Grace Smith

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15 1897
4. Place of Birth, (Street and Number) 455 W Balto St.
5. Full Name of Mother, Caroline Lee
6. Mother's Maiden Name, Butler
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Smith
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie

Address, 908 Leadenhall Street.

Remarks, GIVEN NAME ADDED. 4-18-55

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84381

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 15. ( 1. 25. A. M. ).
4. *Place of Birth, (Street and Number)* 1014 Green's Court E. Balto.
5. *Full Name of Mother,* Hannah Quinn.
6. *Mother's Maiden Name,* Davis.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* ~~Edward~~ John Quinn.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Liverpool - England.

*Name of Medical Attendant,* or other person who makes this Return, F. M. Kanne for the

*Address,* Mothers Relief Society / 1412 Eutaw Place

*Remarks,*

8 9 7 0 0 0 4 8 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236.]

# RETURN OF A BIRTH. 84382

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 14 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | July the 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | Sulton Ave No 3 & 47 |
| 5. *Full Name of Mother,* | Catharine maverett |
| 6. *Mother's Maiden Name,* | Catharine decker |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William maverett |
| 9. *Father's Occupation* | Steam fitter |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs I Kelley |
| *Address,* | No 19.22 Milton Ave |
| *Remarks,* | |

8 4 7 0 0 0 4 8 9 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 24383

Over

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 15th 1897.
4. Place of Birth, (Street and Number) 1018 Greenmount Ave.
5. Full Name of Mother, Annie L. Etzel
6. Mother's Maiden Name, " " Berger
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John E. Etzel
9. Father's Occupation Butter dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks,

8970004897

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City shall be registered, and the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84384

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* July 15th 1897
4. *Place of Birth, (Street and Number)* 2216 E. Fayette St
5. *Full Name of Mother,* Johanna Chamberlain
6. *Mother's Maiden Name,* Monast
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdinand A. Chamberlain
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, McWilliams M.D.

*Address,* John Hopkins Hospital, Baltimore Md

*Remarks,*

8970004898

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1897

# RETURN OF A BIRTH. 84863

8

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of Child: Frank Emerson Washburn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 8th 1897
4. Place of Birth, (Street and Number) 13 N. Chester St.
5. Full Name of Mother, Amanda C. Washburn
6. Mother's Maiden Name, Worth
7. Mother's Birthplace, Anapolis Junction Maryland (Anapolis Junction)
8. Full Name of Father, Wyman F. Washburn
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. L. Evans M.D.

Address, 1835 E. Baltimore St.

Remarks,

8970004899

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84864

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Augt 5-97
4. Place of Birth, (Street and Number) 1108 Patterson ave
5. Full Name of Mother, Jennie Devoroux
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thos " Devoroux
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Morris, M D

Address, 1501 Pennsylvania ave

Remarks,

897000041900

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name, and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-15-59

# RETURN OF A BIRTH. 84865

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Leland Robins (3rd) Third

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 5th 1897
4. *Place of Birth, (Street and Number)* 1362 N. Stricker St.
5. *Full Name of Mother,* Helen G. Robins,
6. *Mother's Maiden Name,* " Wernig,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* A. J. Robins,
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant, or other person who makes this Return,* Charles Gelb, M.D.

*Address,* 312 N. Gay St.

*Remarks,*

8970004901

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH 84866

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 5, 1897
4. Place of Birth, (Street and Number) 815 W. Fayette St.
5. Full Name of Mother, Minnie Duke
6. Mother's Maiden Name, Minnie Freeman.
7. Mother's Birthplace, St. Mary's County, Md.
8. Full Name of Father, John Duke
9. Father's Occupation, Clerk for Adams Express Co.
10. Father's Birthplace, St. Mary's County Md.

Name of Medical Attendant, or other person who makes this return. B. P. Muse M.D.

Address, 1002 Edmondson Ave.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

8470004902

# RETURN OF A BIRTH. 84867

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 5th 1897
4. Place of Birth, (Street and Number) 834 Pine St.
5. Full Name of Mother, Susan Cooke
6. Mother's Maiden Name, [redacted]
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Cooke
9. Father's Occupation, Polis
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Mason Carpenter M.D.

Address, 490 W Biddle St.

Remarks,

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

8970004903

FORM 1236]

# RETURN OF A BIRTH. 84868

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 6 1897 |
| 4. *Place of Birth, (Street and Number)* | 2217 E Lombard St |
| 5. *Full Name of Mother,* | Rhoda E Fallin |
| 6. *Mother's Maiden Name,* | " " Lewis |
| 7. *Mother's Birthplace,* | Dorchester Co Md |
| 8. *Full Name of Father,* | Wm McC Fallin |
| 9. *Father's Occupation* | Commission Merchant |
| 10. *Father's Birthplace,* | Dorchester Co Md |
| *Name of Medical Attendant,* or other person who makes this Return. | J T Spicknall M D |
| *Address,* | 14 N Patterson Pk Ave |
| *Remarks,* | |

8 9 7 0 0 0 4 9 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84869

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 6" 97
4. *Place of Birth, (Street and Number)* 1408 Whitelock St
5. *Full Name of Mother,* Edith M. Griffith
6. *Mother's Maiden Name,* Edith M Griffith
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* J. Maynard Griffith.
9. *Father's Occupation* Stone
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant, or other person who makes this Return,* Thomas J. Talbot M.D.

*Address,* 2505 Penna Ave

*Remarks,* Premature Birth 6 months lived about 10 hours

8970004905

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84870

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 6 — 1897
4. *Place of Birth, (Street and Number)* 100 Harford Road
5. *Full Name of Mother,* Allmanda Horn
6. *Mother's Maiden Name,* Parkewitz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Horn
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant, or other person who makes this Return,* Mary J Stein

*Address,* 1127 E. Pratt St.

*Remarks,*

8970004906

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84871

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 6th 97 |
| 4. *Place of Birth, (Street and Number)* | 1236 McElderry st |
| 5. *Full Name of Mother,* | Annie Weishaar |
| 6. *Mother's Maiden Name,* | Quelich |
| 7. *Mother's Birthplace,* | New York City |
| 8. *Full Name of Father,* | John A. Weishaar |
| 9. *Father's Occupation* | Minister |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas L. Byddenbaugh M.D. |
| *Address,* | 418 S. Paca st |
| *Remarks,* | |

8970004907

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84872

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* aug 6 th
4. *Place of Birth, (Street and Number)* 135 Lemmon st
5. *Full Name of Mother,* Kate Burk
6. *Mother's Maiden Name,* " Ryan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick Burk
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, Mrs. O'Hayer

*Address,* 924 Hollins st

*Remarks,*

8 9 7 0 0 0 4 9 0 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

ORM 1236.]

Baltimore under whose charge or supervisendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84873

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* 1709 Bentz St.
5. *Full Name of Mother,* Teska Hartnagel
6. *Mother's Maiden Name,* " Kaminski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Hartnagel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Asst. Mayer

*Address,* 1331 West Saint Paul.

*Remarks,*

84700004909

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 84874

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6 August

4. Place of Birth, (Street and Number) 1420 Eutaw St.

5. Full Name of Mother, Emma Miles Johnson

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, George Miles

8. Full Name of Father, Lubers

9. Father's Occupation Baltimore

10. Father's Birthplace, Ealf, Mufan

Name of Medical Attendant, or other person who makes this Return,

Address, 1381 Eutaw St.

Remarks,

8970004910

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84875

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* 6 August
4. *Place of Birth, (Street and Number)* Montrose 1522
5. *Full Name of Mother,* Sadie Fitchett
6. *Mother's Maiden Name,* Sadie Bagwell
7. *Mother's Birthplace,* Via
8. *Full Name of Father,* Petey Fitchett
9. *Father's Occupation* labor
10. *Father's Birthplace,* Via

*Name of Medical Attendant,* or other person who makes this Return, Caroline Queen

*Address,* 1064 Raborg St

*Remarks,*

8970004911

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

# RETURN OF A BIRTH. 84876

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3 1892
4. *Place of Birth, (Street and Number)* Goldsmith ave, near Hartford road
5. *Full Name of Mother,* Martha Schmidt
6. *Mother's Maiden Name,* Martha Landau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Schmidt
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Henry. Koerber

*Address,* 1013 Central Ave

*Remarks,* none

8970804912

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84877

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 6th 1897
4. *Place of Birth, (Street and Number)* 2305 E 30th St
5. *Full Name of Mother,* Maggie L Dell
6. *Mother's Maiden Name,* Maggie L Smith
7. *Mother's Birthplace,* Anne Arundel Co. Md.
8. *Full Name of Father,* George L Dell
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Anne Arundel Co. Md

*Name of Medical Attendant,* or other person who makes this Return, Mary Ann Taylor

*Address,* 2410 Guilford Ave

*Remarks,*

8970004913

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336]

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84878

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 6 |
| 4. *Place of Birth, (Street and Number)* | 7 N Monroe St |
| 5. *Full Name of Mother,* | Mrs Ada White |
| 6. *Mother's Maiden Name,* | Hogarth |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Fred White |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | E. B. Lemmon |
| *Address,* | 11 N Carey St |
| *Remarks,* | |

8970004914

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84879

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 7 August 1894 |
| 4. *Place of Birth, (Street and Number)* | 1710 E Chases St |
| 5. *Full Name of Mother,* | Kate Hutton |
| 6. *Mother's Maiden Name,* | Kate Eckert |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | William Hutton |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | C A Brooks |
| *Address,* | 1828 Light St |
| *Remarks,* | Doing Well |

8970004915

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84880

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth.* august 7
4. *Place of Birth, (Street and Number)* Balto 208 Pine st
5. *Full Name of Mother,* Jennie Pratt
6. *Mother's Maiden Name,* Jennie E Butler
7. *Mother's Birthplace,* Chas Co Md
8. *Full Name of Father,* Wm F Pratt
9. *Father's Occupation* waiter
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return,

*Address,* Mrs Ann E Cornish

*Remarks,* 847 N Broadway Boyd st

8 4 8 8 0

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 84881

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* 7th Month August 7 1897
4. *Place of Birth, (Street and Number)* Woodyard Street 1115
5. *Full Name of Mother,* H Elizabeth Porter
6. *Mother's Maiden Name,* H Elizabeth Forbes
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* [illegible] Porter
9. *Father's Occupation* Laboring Work
10. *Father's Birthplace,* St Mary's Co Md

*Name of Medical Attendant,* or other person who makes this Return Maria Jones

*Address,* 133 West Coat St

*Remarks,*

8970004917

Wm. J. C. Dulany Co., City Printers and Stationers.

(Section 13, Ordinance ... approved ... 1898.) The Commissioner of Health shall cause to be printed a sufficient number of blank schedules for the returns of births required by this ordinance, and shall furnish the same to the physicians, midwives and other persons entitled to receive them. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84882

GIVEN NAME ADDED 7/5/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Sarah Himmelfarb

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Aug 7, 1892
4. Place of Birth, (Street and Number) 200 Christian St Balto
5. Full Name of Mother, Fannie Himmelfarb
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Jules Himmelfarb
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Bursky

Address, 15 Abmarle St Balto.

Remarks,

8970004918

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84883

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August
4. Place of Birth, (Street and Number) 1349 Hull St.
5. Full Name of Mother, Mary Lewis
6. Mother's Maiden Name, " Phillips
7. Mother's Birthplace, Wales
8. Full Name of Father, William Lewis
9. Father's Occupation Boilermaker
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return E. J. Myers

Address, 1321 Hull St

Remarks,

8970004919

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, this certificate must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84884

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth Aug. 2nd
4. Place of Birth, (Street and Number) 306 Hoffman St.
5. Full Name of Mother, Sarah Frances Smith.
6. Mother's Maiden Name, " " Jones.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Augustus Smith.
9. Father's Occupation, Waiter.
10. Father's Birthplace, Wilmington, N. C.

Name of Medical Attendant, or other Person who makes this Return. M. A. Mathis,

Address, 1711 Madison Ave.

Remarks,

84700004920

John Murphy & Co., City Printers and Stationers.

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, forth as far as the same can be list of the births which have occurred under his or her care during the month, and shall set full name and occupation of its ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of a parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84885

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 7th Child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3 Date of Birth, | 7th August 1899 |
| 4. Place of Birth, (Street and Number) | 422 S Eutaw |
| 5. Full Name of Mother, | Eliza Rollins |
| 6. Mother's Maiden Name, | Eliza Williams |
| 7. Mother's Birthplace, | Annapolis |
| 8. Full Name of Father, | Ezy Rollins |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | Talbot Co |
| Name of Medical Attendant, or other person who makes this Return, | C. Hourly Boulden |
| Address, | 422 S Eutaw Street |
| Remarks, | Living Well |

8970004921

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84886

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 7th 1897
4. Place of Birth, (Street and Number) 159 Church St Canton
5. Full Name of Mother, Mrs Mary Murdoch
6. Mother's Maiden Name, Mary J Landy
7. Mother's Birthplace, Baltimore Co Maryland
8. Full Name of Father, Edward Murdoch
9. Father's Occupation, Laborer
10. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return. Mary Henry 1809 Lemmon St.

Address,

Remarks,

8 9 7 0 0 0 4 9 2 2

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84887

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. *Sex,* (~~state whether male or female~~) .....
2. *Race or Color,* (~~if not of the white race~~) .....
3. *Date of Birth,* August 7th 1897 5.55 AM.
4. *Place of Birth,* (Street and Number) 26 Montford ave - East
5. *Full Name of Mother,* Minnie Lammers
6. *Mother's Maiden Name,* " Sabetlich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lammers
9. *Father's Occupation* Music Teacher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Abr. J. Thorkelson

*Address,* 25 E. Fr, Preston St

*Remarks,* .....

8 9 7 0 0 0 4 9 2 3

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84888

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6 d

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 7. 1897
4. *Place of Birth, (Street and Number)* 432 Randall st
5. *Full Name of Mother,* Mamie Staslopes
6. *Mother's Maiden Name,* Rodgers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Staslopes
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Carolina Schmaz

*Address,* 434 Fort Av.

*Remarks,*

8970004924

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84889

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 8. 1897
4. *Place of Birth, (Street and Number)* 1575 Lawrence St
5. *Full Name of Mother,* Elizabeth Kul
6. *Mother's Maiden Name,* Prince
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Kul
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return. Chas B Donnelly

*Address,* 1635 Walsh St City

*Remarks,*

8970004925

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84890

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 8th 1897
4. Place of Birth, (Street and Number) 1551 Woodyear St.
5. Full Name of Mother, Matilda Nelson
6. Mother's Maiden Name, Matilda Fowler
7. Mother's Birthplace, Prince Georges Co.
8. Full Name of Father, Thos. P. Nelson.
9. Father's Occupation Porter
10. Father's Birthplace, Colbert Co.

Name of Medical Attendant, or other person who makes this Return, Matilda Johnson.

Address,

Remarks,

8970004926

Wm. J. C. Dulany Co., City Printers and Stationers.

5781

GIVEN NAME ADDED 2-13-57

# RETURN OF A BIRTH. 84891

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Viola Elizabeth ~~Elizabeth~~ Hughes

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday August 5th 1877
4. *Place of Birth, (Street and Number)* No 1723 Johnson St
5. *Full Name of Mother,* Ida Mc Hughes
6. *Mother's Maiden Name,* Ida M Taylor
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Charles H Hughes
9. *Father's Occupation* Railroad Brakeman
10. *Father's Birthplace,* Hanover Washington Co Md

*Name of Medical Attendant, or other person who makes this Return,* Catherine Hunting

*Address,* No 1517 Lloyd St City

*Remarks,*

8 9 7 0 0 0 4 9 2 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84892

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5 August 1877 |
| 4. *Place of Birth, (Street and Number)* | 2145 Hanover St |
| 5. *Full Name of Mother,* | Louisa Archibald |
| 6. *Mother's Maiden Name,* | Louisa Reimer |
| 7. *Mother's Birthplace,* | ~~Canada~~ Washington D.C |
| 8. *Full Name of Father,* | Samuel Archibald |
| 9. *Father's Occupation* | Balto Md |
| 10. *Father's Birthplace,* | Black Smith |
| *Name of Medical Attendant,* or other person who makes this Return, | E A Bracken |
| *Address,* | 828 Light St |
| *Remarks,* | Dairy Well |

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970004928

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84893

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male and Female Twins
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 8 August 1897
4. Place of Birth, (Street and Number) 200 Hamburg Street
5. Full Name of Mother, Maggie Wilson
6. Mother's Maiden Name, Maggie Parker
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Wilson
9. Father's Occupation, Sailor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell Street

Remarks, Mother and children getting along nicely.

8 9 7 0 0 0 4 9 2 9

Wm J C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84894

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colord
3. *Date of Birth,* August 8th 1897
4. *Place of Birth,* (*Street and Number*) 504 Parish alley
5. *Full Name of Mother,* Belle Simms
6. *Mother's Maiden Name,* Belle Wilson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Lawrence Simms
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Francis Walker

*Address,* 722 Chatsworth St

*Remarks,*

8 4 7 0 0 0 4 9 3 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

Form 1236]

# RETURN OF A BIRTH. 84895

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Friday Saturday Aug. 9 1895
4. Place of Birth, (Street and Number) 614½ Stockton street,
5. Full Name of Mother, Melia Watson
6. Mother's Maiden Name,
7. Mother's Birthplace, Accomac County, Va.
8. Full Name of Father, Benjamin Monday,
9. Father's Occupation Driver.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. H. Gwynn

Address, 538 Arlington ave.

Remarks,

8470004931

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. And be it further enacted, That it shall be the duty of the Commissioner of Health to furnish to the midwives and physicians of the City of Baltimore, who may be required to report births, blank schedules, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84896

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 Child

Name Sarah Litzer

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Aug 9, 1892
4. Place of Birth, (Street and Number) 230 Spring St Balto.
5. Full Name of Mother, Sadie Litzer
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Levis Litzer
9. Father's Occupation, Vest Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Sara Barker

Address, 15 Allemania St Balto

Remarks,

8970004932

Wm J C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236]

# RETURN OF A BIRTH. 84897

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the~~ white ~~race~~) white
3. Date of Birth, Aug 19/97
4. Place of Birth, (Street and Number) 829 ½ Woodward St.
5. Full Name of Mother, Jane L. Carts
6. Mother's Maiden Name, " " Jordan
7. Mother's Birthplace, Virginia
8. Full Name of Father, John C. Carts
9. Father's Occupation Laborer
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks,

8970004933

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84898

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 9th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1028 Harford Ave |
| 5. *Full Name of Mother,* | Clara E Wilson |
| 6. *Mother's Maiden Name,* | Clara E Heisel |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Howard Lee Wilson |
| 9. *Father's Occupation,* | Electrical Engineer |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return, | James E Litchfield M.D. |
| *Address,* | 819 Sisquito Street |
| *Remarks,* | |

8 4 8 9 8

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the occurrence of such birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. #4899

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 7th 1897
4. Place of Birth, (Street and Number) 117 Bridle Lane
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Howe
7. Mother's Birthplace, South Virginia
8. Full Name of Father, Andrew Brown
9. Father's Occupation Waiter
10. Father's Birthplace, South Virginia

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1036 Front Street

Remarks,

8970004935

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84900

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) third

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Aug 9 1897
4. Place of Birth, (Street and Number) 314 Vincent St
5. Full Name of Mother, Elizabeth Hess
6. Mother's Maiden Name, " Dietrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Hess
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Theodore Cook M.D.

Address, 914 N. Charles St.

Remarks,

8477000049366

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84 901

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 9th of August

4. *Place of Birth, (Street and Number)* 2511 Cantagne ave

5. *Full Name of Mother,* Emma Bell Balentine

6. *Mother's Maiden Name,* Saunders

7. *Mother's Birthplace,* Alexander 2nd Balentine

8. *Full Name of Father,* Grain Measure

9. *Father's Occupation* Baltimore Md

10. *Father's Birthplace,* Mt Davenport

*Name of Medical Attendant,* or other person who makes this Return, E Prabst

*Address,* 2024 Dairy Way

*Remarks,* Do Son

8470004937

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child to the office of the Commissioner of Health. In case the person be in attendance in the capacity of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

FM 1236]

# RETURN OF A BIRTH. 84902

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August, 9, 1897.
4. Place of Birth, (Street and Number) 247 Exeter St.
5. Full Name of Mother, Yette Miller
6. Mother's Maiden Name, Yette Reykowski
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Rubinstein

Address, 173 W. Barre St.

Remarks,

8470004938

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1236.]

# RETURN OF A BIRTH. 84903

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 10 Aug.
4. *Place of Birth, (Street and Number)* 312 N. Broadway
5. *Full Name of Mother,* Blanche Gnau
6. *Mother's Maiden Name,* " Roth
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Adam Gnau
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs R. Illig

*Address,* 1302 E Lexington St

*Remarks,*

84700049399

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1335.]

# RETURN OF A BIRTH. 849004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 10th |
| 4. *Place of Birth, (Street and Number)* | #218 Castle st. |
| 5. *Full Name of Mother,* | Maggie Denzling |
| 6. *Mother's Maiden Name,* | Maggie Mueller |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Denzling |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary A. Fetter |
| *Address,* | 241 S. Chester st. |
| *Remarks,* | |

8 9 7 0 0 0 4 9 4 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84905

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 12 August
4. *Place of Birth, (Street and Number)* 718 Decatur St
5. *Full Name of Mother,* Lena Strahorsch
6. *Mother's Maiden Name,* " Conrad
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Strahorsch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Chas. L. Mayer

*Address,* 1331 Hall St. E.P.

*Remarks,*

8 9 7 0 0 0 4 9 4 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

over

# RETURN OF A BIRTH 84906

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Caroline Madeline Haines

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10th day of August. 1897
4. Place of Birth, (Street and Number) 7120 Randall st City
5. Full Name of Mother, Catharina Haines
6. Mother's Maiden Name, Catharina Isler
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry L. Haines
9. Father's Occupation, Rail Road man
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return. Miss Annie M. Epeler

Address, # 1703 Hanover st City

Remarks, — —

The parent of such child, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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# RETURN OF A BIRTH. 84907

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 10 1897

4. Place of Birth, (Street and Number) 1479 E. Eager St

5. Full Name of Mother, Mary E. Mills

6. Mother's Maiden Name, Shaw

7. Mother's Birthplace, Balto

8. Full Name of Father, Bernard Mills

9. Father's Occupation Printer

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M.D.

Address,

Remarks,

8 9 7 0 0 0 4 9 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The Act shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84908

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 10 1897
4. *Place of Birth, (Street and Number)* 401 Battery Av
5. *Full Name of Mother,* Mollie Kring
6. *Mother's Maiden Name,* Kaminicken
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Heyberg
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Carolina Schwartz

*Address,* 434 E. Fort Ave

*Remarks,*

8 9 7 0 0 0 8 4 9 4 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 84909

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~228 Dugan's White~~ Aug 11 1897
4. Place of Birth, (Street and Number) 228 Dugan's Ally
5. Full Name of Mother, Anna McKeever
6. Mother's Maiden Name, Anna Hogan
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Frank McKeever
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Taylor

Address, * 41 E Guilford Alley.

Remarks,

18970004945

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84910

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2 Child |
| 1. Sex, (state whether male or female) | Mal |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Baltimore Aug 11, 1897 |
| 4. Place of Birth, (Street and Number) | 126 N. Patt Street |
| 5. Full Name of Mother, | Mary Bradatsky |
| 6. Mother's Maiden Name, | Mary Plalakis |
| 7. Mother's Birthplace, | Russia |
| 8. Full Name of Father, | Mr. Joseph Bradatsky |
| 9. Father's Occupation, | Merchant Tailor |
| 10. Father's Birthplace, | Russia |
| Name of Medical Attendant, or other person who makes this Return, | Mrs Lena Barber |
| Address, | 15 Albemarle St Balto. |
| Remarks, | |

8970004946

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MIDDLE NAME ADDED 5-12-65

# RETURN OF A BIRTH 84911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NAME: Joseph Leon Clark 3a.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 11 1897 4 a m

4. Place of Birth, (Street and Number) 314 E. Selma Av.

5. Full Name of Mother, Catherine Clark.

6. Mother's Maiden Name, Catherine McPhillips

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Wm. T. Clark.

9. Father's Occupation, Salesman.

10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other Person who makes this Return A. H. Taylor M D

Address,

Remarks, 8970004947

Revise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

LANY & CO., CITY PRINTERS AND STATIONERS

CERTIFICATE CORRECTED 8-22-63

FORM 1236]

# RETURN OF A BIRTH. 84912

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lydia Frances Wilhelmina Seidel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 11 — 1897

4. Place of Birth, (Street and Number) 446 N. Patterson Park Ave.

5. Full Name of Mother, Barbara ~~Seidler~~ Seidel

6. Mother's Maiden Name, Zink

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry ~~Seidler~~ Seidel

9. Father's Occupation Store Keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 429 E. Pratt St.

Remarks,

8970004948

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84913

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Augt 11 - 97 |
| 4. Place of Birth, (Street and Number) | 1434 Presstman |
| 5. Full Name of Mother, | Blanche Weber |
| 6. Mother's Maiden Name, | " Gales |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Chas Weber |
| 9. Father's Occupation, | Druggist |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | Geo W. Norris M.D |
| Address, | 1501 Presstman St |
| Remarks, | Ballo |

8 9 7 0 0 0 4 9 4 9

Wm J C. Dulany Co., City Printers and Stationers.

The same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

# RETURN OF A BIRTH. 84 914

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, June 11 '97

4. Place of Birth, (Street and Number) No 1609 Clement St

5. Full Name of Mother, Minnie Richardson

6. Mother's Maiden Name, nee Pratt

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H Richardson

9. Father's Occupation Stable boss

10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Wm L. Gross

Address, No 1907 E Monument St

Remarks,

8970004950

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84915

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 11th 1897.
4. Place of Birth, (Street and Number) 1826 Gittersan Ave
5. Full Name of Mother, Abbie Talbert
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Fredrick Holl
9. Father's Occupation, Laborer
10. Father's Birthplace, Talbert Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address,

Remarks, 1809 Lan. Ave

8970004951

Wm J C Dulany Co., City Printers and Stationers.

Note.—This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 84916

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August - 11th 1897
4. Place of Birth, (Street and Number) 403 N. Carey St
5. Full Name of Mother, Mary Nora Ross
6. Mother's Maiden Name, Macintyre
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, Wm H. Ross
9. Father's Occupation, ~~Shipwright~~ Draughtsman
10. Father's Birthplace, Chester Pa

Name of Medical Attendant, or other person who makes this Return. P F. DeFord M.D.

Address, 1012 Allphon St

Remarks,

8970004952

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

KODAK D SAFETY FILM

# RETURN OF A BIRTH. 84917

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2nd |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug. 11 1897 |
| 4. Place of Birth, (Street and Number) | 300½ E. Monument |
| 5. Full Name of Mother, | Rosa M. Seibert |
| 6. Mother's Maiden Name, | " " Lusby |
| 7. Mother's Birthplace, | Calvert Co. Md |
| 8. Full Name of Father, | Andrew Seibert |
| 9. Father's Occupation, | Collector |
| 10. Father's Birthplace, | D. C. |
| Name of Medical Attendant, or other person who makes this Return, | Geo L. Milliss |
| Address, | 6 N. Bond |
| Remarks, | |

8970004953

Wm J C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84918

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 August

4. Place of Birth, (Street and Number) 1523 Nelson st.

5. Full Name of Mother, Zophi Nemark

6. Mother's Maiden Name, Marik

7. Mother's Birthplace, Baltimore

8. Full Name of Father, M. Nemark

9. Father's Occupation Saloon Keeper

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Self. Mayer

Address, 1331 West Saint Paul.

Remarks,

8970004954

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84919

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second, |
| 1. *Sex, (state whether male or female)* | Female, |
| 2. *Race or Color, (if not of the white race)* | White, |
| 3. *Date of Birth,* | August 12th 1897. |
| 4. *Place of Birth, (Street and Number)* | 904 Milton Place, |
| 5. *Full Name of Mother,* | Maud E Campbell |
| 6. *Mother's Maiden Name,* | Maud E. Sanders, |
| 7. *Mother's Birthplace,* | Pa |
| 8. *Full Name of Father,* | Frank G. Campbell, |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm Bruder, M. D. |
| *Address,* | 914 W. Fayette St |
| *Remarks,* | |

8970004955

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84920

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 12 97

4. *Place of Birth, (Street and Number)* No 942 N Broadway

5. *Full Name of Mother,* Edw D Pierson

6. *Mother's Maiden Name,* Vincent

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Frank Pierson

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Nine LeGrau

*Name of Medical Attendant,* or other person who makes this Return, Mrs L Grau

*Address,* No 1927 E Monument Av

*Remarks,*

8970004956

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84921

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5- |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | col. |
| 3. *Date of Birth,* | 12 august- 1897 |
| 4. *Place of Birth, (Street and Number)* | courtland st. 419 |
| 5. *Full Name of Mother,* | Lizzie Davis |
| 6. *Mother's Maiden Name,* | Lizzie Grinnell |
| 7. *Mother's Birthplace,* | St. Marys co. Md. |
| 8. *Full Name of Father,* | Robert- Davis |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | Frederick City Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Charity Jones |
| *Address,* | Hargrove st. |
| *Remarks,* | |

8970004957

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84922

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, August 12

4. Place of Birth, (Street and Number) 602 Portland

5. Full Name of Mother, Mary Bridges

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Bridges

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Alex. [illegible]

Address, 412 [illegible]

Remarks,

8970004958

Wm. J. C. Dulany Co., City Printers and Stationers.

13th

# RETURN OF A BIRTH. 84925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug- 12th 1897 |
| 4. *Place of Birth, (Street and Number)* | 220 Eleventh St. |
| 5. *Full Name of Mother,* | Annie C. Scott |
| 6. *Mother's Maiden Name,* | Annie C. Scott |
| 7. *Mother's Birthplace,* | 220 Eleventh St. |
| 8. *Full Name of Father,* | Frederick Hammin |
| 9. *Father's Occupation* | Clerk & Salesman |
| 10. *Father's Birthplace,* | Dock Town |
| *Name of Medical Attendant,* or other person who makes this Return, | Margaret F. Hunkle |
| *Address,* | 307 11th St |
| *Remarks,* | mark |

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84924

GIVEN NAME ADDED 10-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Jr. 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Colored~~ Geo White
3. Date of Birth, Aug 12
4. Place of Birth, (Street and Number) 902 W Balto St
5. Full Name of Mother, Mrs Louise Stein Buchmann
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo Buchmann
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Smith

Address, 11 N Carey St

Remarks, Instruments for Midwife

8 4 9 2 4 0 0 4 9 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. The Board shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84925

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 12/97
4. Place of Birth, (Street and Number) 1 Green Ave Road East
5. Full Name of Mother, Mrs Jno Patterman
6. Mother's Maiden Name, Lancaster
7. Mother's Birthplace, Pa
8. Full Name of Father, Jno Patterman
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mina C. Price M.D

Address, 1344 Druid Hill Ave

Remarks,

8970004961

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 84926

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female).* Female Twins
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 13 — 1897
4. *Place of Birth, (Street and Number)* 1531 E. Lombert St.
5. *Full Name of Mother,* Annie Hoffman
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hoffman
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant, or other person who makes this Return,* Mary Stein

*Address* 427 E. Pratt St.

*Remarks,*

8970004962

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84927

GIVEN NAME ADDED 12-7-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Saviella ~~McCurdy~~ Mc Curdy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 13 1897
4. Place of Birth, (Street and Number) 319 N Fulton Ave
5. Full Name of Mother, Mrs Bessie Kauffman McCurdy
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Samuel McCurdy
9. Father's Occupation Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Lemmon

Address, 11 N Carey St

Remarks, Instrumental.

8970004963

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84928

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 13th 1897
4. Place of Birth, (Street and Number) 552 Orchard St.
5. Full Name of Mother, Florence Morton Cotton
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Morton
9. Father's Occupation Porter
10. Father's Birthplace, Alexandria Va.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave,

Remarks,

8970004964

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall receive a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84929

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 11th child |
| 1. Sex, (state whether male or female) | Girl |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | August 13th 1897 |
| 4. Place of Birth, (Street and Number) | 1534 Bruce St. |
| 5. Full Name of Mother, | Mary Skinner |
| 6. Mother's Maiden Name, | Mary Branson |
| 7. Mother's Birthplace, | Maryland |
| 8. Full Name of Father, | John Skinner |
| 9. Father's Occupation, | Laborer |
| 10. Father's Birthplace, | North Carolina |
| Name of Medical Attendant, or other person who makes this Return, | Mary Mary |
| Address, | |
| Remarks, | 1809 Lanvale St. |

8970004965

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 84930

GIVEN NAME ADDED 1-2-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Anna Kuhl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12th 97.

4. Place of Birth, (Street and Number) 117 N. Fremont Av.

5. Full Name of Mother, Barbara M. Kuhl

6. Mother's Maiden Name, Barbara M. Sperlein

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Thomas A. Kuhl

9. Father's Occupation Fireman

10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Hans C. Ahlers, M.D.

Address, 1203 N. Fayette St.

Remarks, 8970004966

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84931

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Aug. 13, 1897

4. *Place of Birth, (Street and Number)* 32 [redacted] Eutaw St.

5. *Full Name of Mother,* Cornelia A. Williams

6. *Mother's Maiden Name,* " " Edwards

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Jno. F. Williams

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant, or other person who makes this Return,* N. Edw. Magruder.

*Address,* 922 Madison Ave.

*Remarks,*

8970004967

Wm. J. C. Dulany Co., City Printers and Stationers.

...and ordained that every person practicing midwifery in the City of ... register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the ... been conferred) by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the ... office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of ... physician or practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... hereafter it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... Health, in the manner and within the period above required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... fail to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84932

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Aug 13/97
4. *Place of Birth, (Street and Number)* No 906 N Exeter St
5. *Full Name of Mother,* Mary Virginia
6. *Mother's Maiden Name,* Reed
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Benjamin
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs L. Gross

*Address,* No 1917 E Monument St

*Remarks,*

8970004968

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 84933

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 August 1897
4. Place of Birth, (Street and Number) 116 West St
5. Full Name of Mother, Kate Hardy
6. Mother's Maiden Name, Kate Shuttie
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Hardy
9. Father's Occupation Yard Master B&OR R
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light St

Remarks, Dying Well

8970004969

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office or practitioner of midwifery, or should no other person of such third day of each and every month to the Commissioner of Health. In case the birth occur without the attendance of a physician or midwife, in the manner and within the period above required, and shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84934

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 13th 1897
4. Place of Birth, (Street and Number) 311 E. Eleventh St.
5. Full Name of Mother, Rosalie Pape.
6. Mother's Maiden Name, Rosalie Stevens
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Augustus Pape.
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Jersey City N. J.

Name of Medical Attendant, or other person who makes this Return, Gilliatt J. Dillsburg, Md.

Address, 607 E. 27th St. N.

Remarks, Died of Atrophy Infantum only 6 Months, Child lived from 12 M. to 7 P.M. Same Day

8 9 7 0 0 0 4 9 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

1235.]

# RETURN OF A BIRTH. 84935

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Fem. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 14th. |
| 4. *Place of Birth, (Street and Number)* | # 248 Duncan st. |
| 5. *Full Name of Mother,* | Ella Edgerton |
| 6. *Mother's Maiden Name,* | Ella Mc. Bride |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | William Edgerton |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | New Haven Conn. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary A. Pertnoy |
| *Address,* | # 247 S. Chester st. |
| *Remarks,* | |

8970004971

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84936

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | | |
|---|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 | |
| 1. *Sex, (state whether male or female)* | Male | |
| 2. *Race or Color, (if not of the white race)* | Colored | |
| 3. *Date of Birth,* | August the 14 | 1897 |
| 4. *Place of Birth, (Street and Number)* | greendale Court | No 709 |
| 5. *Full Name of Mother,* | tirky thomis | |
| 6. *Mother's Maiden Name,* | tirky | Flubert |
| 7. *Mother's Birthplace,* | talbert | County |
| 8. *Full Name of Father,* | henry | Flubert |
| 9. *Father's Occupation,* | | labour |
| 10. *Father's Birthplace,* | North Numberland | County |
| *Name of Medical Attendant, or other person who makes this Return,* | Bridgeit | Hunt |
| *Address,* | No 8 Hurey | st |
| *Remarks,* | full 9 months | |

8970004972

WM J C BULANY CO CITY PRINTERS AND STATIONERS.

1236.]

# RETURN OF A BIRTH. 84937

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug 14th 1897
4. *Place of Birth, (Street and Number)* No 27 Mt Olivet Lane
5. *Full Name of Mother,* Anna Masurek
6. *Mother's Maiden Name,* Anna H Wirtig
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Masurek
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs Helena Thomas

*Address,* No 512 Fredrick Ave annex

*Remarks,*

8970004973

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84938

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | W |
| 3. *Date of Birth,* | August 4 |
| 4. *Place of Birth, (Street and Number)* | 1108 Pinkney St |
| 5. *Full Name of Mother,* | Minnie McLeod |
| 6. *Mother's Maiden Name,* | Smith |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry McLeod |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas H Warren |
| *Address,* | 412 Lee St |
| *Remarks,* | |

8970004974

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84939

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) Negro.
3. Date of Birth Aug. 14th
4. Place of Birth, (Street and Number) 1424 Wilmer alley,
5. Full Name of Mother, Ellinora Woolford.
6. Mother's Maiden Name, " Thomas.
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, James Edward Woolford.
9. Father's Occupation, Sexton.
10. Father's Birthplace, Dorchester Co. Maryland.

Name of Medical Attendant, or other Person who makes this Return. M. A. Waters.

Address, 1711 Madison ave.

Remarks,

8970004975

and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said every month to the Office of the Commissioner of Health. In case the ascertained the full name of each child (if any shall be delivered) duly signed by the practitioner in the form of a certificate between the first and third day of each one of a Physician or practitioner of midwifery, or should no other person birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84941

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 14th 1897
4. Place of Birth, (Street and Number) 1116 Whaleret-st
5. Full Name of Mother, Katie Campbell
6. Mother's Maiden Name, Katie Banks
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Grafl- Campbell
9. Father's Occupation, Laborer
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Mary Henry

Address, 1809 Lemmon st

Remarks,

8970004976

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 84941

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex (state whether male or female),* | Female |
| 2. *Race or Color (if not of the white race),* | White |
| 3. *Date of Birth,* | Aug 14, 1897 |
| 4. *Place of Birth (Street and Number),* | 1708 W Fayette St |
| 5. *Full Name of Mother,* | Ida Duncan ~~Brown~~ |
| 6. *Mother's Maiden Name,* | Ida Duncan |
| 7. *Mother's Birthplace,* | Maryland. |
| 8. *Full Name of Father,* | Geo Brown |
| 9. *Father's Occupation,* | Butcher |
| 10. *Father's Birthplace,* | New York City |
| *Name of Medical Attendant,* or other person who makes this Return. | Robert K Knaas |
| *Address,* | 1001 a Lanvale |
| *Remarks,* | |

8970004977

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

M 1235.]

# RETURN OF A BIRTH. 84942

GIVEN NAME ADDED 1-17-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mable Marie Keller

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 4th 1897

4. Place of Birth, (Street and Number) 213 S. Mount st.

5. Full Name of Mother, Mary J. Keller.

6. Mother's Maiden Name, Shearer.

7. Mother's Birthplace, Balto. City. Md.

8. Full Name of Father, John H. Keller.

9. Father's Occupation Plumber.

10. Father's Birthplace, Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bertha Weinhardt.

Address, 1631 N. Pratt St. Baltimore Md.

Remarks,

8970004978

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84943

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (~~*state whether 1st,* 2*d,* 3*d, &c.*~~) .....

1. *Sex,* (~~*state whether* male *or female*~~) .....
2. *Race or Color,* (~~*if not of the* white *race*~~) .....
3. *Date of Birth,* Aug. 14. 1897
4. *Place of Birth,* (*Street and Number*) 1012 Russell St.
5. *Full Name of Mother,* Mary L. Farmer
6. *Mother's Maiden Name,* " Eberline
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hue Farmer
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Theodore Cooke M.D.

*Address,* 914 N. Charles St.

*Remarks,* .....

8970004979

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 84944

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th August 1897
4. Place of Birth, (Street and Number) 154 W Hamburg St
5. Full Name of Mother, Annie Cummings
6. Mother's Maiden Name, Annie Yates
7. Mother's Birthplace, Port Deposit
8. Full Name of Father, Martin Cummings
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 828 Light St

Remarks, Dairy Well

† 8 9 7 U 0 0 4 9 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Birth, and shall enter the same on this schedule at the time of such birth. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84945

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 14 Mch 1900
4. *Place of Birth, (Street and Number)* 111 E Lanvale St Mt Hall Md.
5. *Full Name of Mother,* Mrs. Hertie Lewis
6. *Mother's Maiden Name,* Hertie Mills
7. *Mother's Birthplace,* Brunswick Ga
8. *Full Name of Father,* Mr. Edward Lewis
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return. Mrs Fannie Myers

*Address,* 122 Fayette St

*Remarks,* Twin Living

Twin to No 84944

8970004981

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, ... name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84946

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 the

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of Augusst
4. *Place of Birth, (Street and Number)* 1004 Harris Alley.
5. *Full Name of Mother,* Lina Mausch
6. *Mother's Maiden Name,* = Hesse
7. *Mother's Birthplace,* pommern. Germ.
8. *Full Name of Father,* Wilhelm Mausch.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* pommern. Germ.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. E. Weiss. Bohnkem.

*Address,* 613 S. port. St.

*Remarks,*

8970004982

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84947

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 of August
4. Place of Birth, (Street and Number) 2409 Forster. Ave.
5. Full Name of Mother, Maria Zirkelbach. (Bavaria)
6. Mother's Maiden Name, = Appel.
7. Mother's Birthplace, Wirtheim. (Bavaria)
8. Full Name of Father, Anton Zirkelbach.
9. Father's Occupation Waiter
10. Father's Birthplace, Neustadt. (Bavaria)

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Rehmkow)

Address, 613 E. post St.

Remarks,

8 4 7 0 0 0 4 9 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84998

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Schlee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 6 of August 1897
4. Place of Birth, (Street and Number) 2525 Canton Av.
5. Full Name of Mother, Anna Schlee.
6. Mother's Maiden Name, = Bauernsachs.
7. Mother's Birthplace, Bavaria.
8. Full Name of Father, John Schlee
9. Father's Occupation Groceries
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Behrten)

Address, 613 S. port St.

Remarks, GIVEN NAME ADDED 3-2-54

8970 0 M 004984

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84949

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 August
4. Place of Birth, (Street and Number) 840 S. Broadway
5. Full Name of Mother, Barbara Pabst
6. Mother's Maiden Name, Reyst
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Pabst
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, 838 S. Broadway

Address, Mary Dietl

Remarks,

8970004985

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FM 1236]

# RETURN OF A BIRTH. 84950

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 August
4. Place of Birth, (Street and Number) 852 E. Baad St.
5. Full Name of Mother, Mary Graloff
6. Mother's Maiden Name, Hochansky
7. Mother's Birthplace, Pole
8. Full Name of Father, Theador Graloff
9. Father's Occupation Beer-saloon
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this return, Mary Prell

Address, 838 E. Baad St.

Remarks,

8970004986

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84951

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 the

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of August
4. *Place of Birth, (Street and Number)* 2439 Canton Ave.
5. *Full Name of Mother,* Mary Seitz
6. *Mother's Maiden Name,* = Behm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Seitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, 613 S. port St.

*Address,* Mrs G. Weiss (Babenhaus)

*Remarks,*

8970004987

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236.]

# RETURN OF A BIRTH. 84952

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 14, 1897.
4. Place of Birth, (Street and Number) 421 E. Dallas St.
5. Full Name of Mother, Laura E Jones.
6. Mother's Maiden Name, Laura E Jones
7. Mother's Birthplace, Eastern Shore Md.
8. Full Name of Father, Joshua Jones.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 815 E. Dallas St.

Remarks, Doing as well as can be expected.

+8970004988

Wm. J. C. Dulany Co,. City Printers and Stationers.

Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236]

1-20-65

# RETURN OF A BIRTH. 84953

GIVEN NAME ADDED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Gladys Waugh

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | F. |
| 2. Race or Color, (if not of the white race) | W. |
| 3. Date of Birth, | 14 Aug. 1897 |
| 4. Place of Birth, (Street and Number) | 1013 Myrtle Ave |
| 5. Full Name of Mother, | Emma J. Waugh, |
| 6. Mother's Maiden Name, | McLaughlin, |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Chas. E. Waugh, |
| 9. Father's Occupation | Clerk |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | J. L. Engle M.D. |
| Address, | 1007 W. Fayette |
| Remarks, | |

8970004989

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

GIVEN NAME ADDED 8-1-49 CERTIFICATE CORRECTED 8-1-49

# RETURN OF A BIRTH. 84 954

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles E. McQuinn ~~Quinn~~ 1st

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* 1st
2. *Sex, (state whether male or female)* male
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Aug 15 1897
5. *Place of Birth, (Street and Number)* 1146 H Bond Ford
6. *Full Name of Mother,* Mrs Elizabeth Thurston McQuinn
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Chas McQuinn
10. *Father's Occupation* R.R.
11. *Father's Birthplace,* Balto
12. *Name of Medical Attendant, or other person who makes this Return,* E. E. Lucas
13. *Address,* 11 N Carey St.
14. *Remarks,*

8 9 7 0 0 0 4 9 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, whether occurring in a hospital or elsewhere, shall be reported by the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 84955

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (~~if not of the~~ white race)*
3. *Date of Birth,* Aug 16. 97
4. *Place of Birth, (Street and Number)* 718 W Franklin St
5. *Full Name of Mother,* Anne Porter
6. *Mother's Maiden Name,* Daniel
7. *Mother's Birthplace,* Wilmington N.C
8. *Full Name of Father,* Robt J. Porter
9. *Father's Occupation*
10. *Father's Birthplace,* Norfolk Va

*Name of Medical Attendant,* or other person who makes this Return, Lewis M Eastman M

*Address,* 972 W Lexington

*Remarks,*

8470004991

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236.]

# RETURN OF A BIRTH. 84956

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5 and 6 Lbs

1. *Sex, (state whether male or female)* Male Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15 August 18

4. *Place of Birth, (Street and Number)* 198 S Broad St

5. *Full Name of Mother,* Ella Kenny

6. *Mother's Maiden Name,* [illegible] Daly

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Edward Kenny

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, Virgie Schaus

*Address,* E Chase Ave E

*Remarks,*

8970004992

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred in the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF BIRTH. 84957

GIVEN NAME ADDED 3-15-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Bushrod Roeder 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 15 1892
4. Place of Birth, (Street and Number) 1711 E. Preston St
5. Full Name of Mother, Mary V. Roeder
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Phila
8. Full Name of Father, Chas H. W. Roeder
9. Father's Occupation Electrician
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. B. Schwatka M. D.

Address, 1003 N. Howard

Remarks,

8970004993

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be the duty of the physician or midwife in attendance upon the mother of any child born alive, to ascertain (so far as the same can be ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(one)

# RETURN OF A BIRTH 84958

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Full name Wilbur F. Ward, Jr.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 6th |
| 1. Sex, (State whether male or female) | Male |
| 2. Race or color, (if not of the white race) | White |
| 3. Date of Birth, | Aug 15, 1895 |
| 4. Place of Birth, (Street and Number) | 1632 Calvert St |
| 5. Full Name of Mother, | Emma Ward |
| 6. Mother's Maiden Name, | Albert |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Wilbur F. Ward |
| 9. Father's Occupation, | Merchant |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return. | Dr. N. P. Morgan |
| Address, | 315 W Monument |
| Remarks, | 8970004994 |

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84959

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15 of August. 1897
4. Place of Birth, (Street and Number) 1416. Bank. Street.
5. Full Name of Mother, Mary Popp.
6. Mother's Maiden Name, = Martin.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Popp.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Behmtem.)

Address, 613 S. port. (Street)

Remarks,

8970004995

Health. This schedule shall contain a list of the births which have occurred since the ... day of ... preceding the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

register of such birth, and shall enter the same on blank Schedule, to be furnished to him or her for the purpose by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84960

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11.

1. *Sex, (state whether male or female)* Both are male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 15. 1897.
4. *Place of Birth, (Street and Number)* 109 Saratoga Street.
5. *Full Name of Mother,* Deborah Lee.
6. *Mother's Maiden Name,* Jones.
7. *Mother's Birthplace,* Queenans Co. Md.
8. *Full Name of Father,* George W. Lee.
9. *Father's Occupation* Drivers.
10. *Father's Birthplace,* West River.

*Name of Medical Attendant,* or other person who makes this Return, Mary C Jones.

*Address,* 1121 Saratoga St. Baltimore Md.

*Remarks,*

8 9 7 0 0 0 4 9 9 6

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH 84961

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex (state whether male or female), | Female |
| 2. Race or Color (if not of the white race), | White |
| 3. Date of Birth, | August 16th 1897 |
| 4. Place of Birth (Street and Number), | 1311 Penna. Ave. |
| 5. Full Name of Mother, | Mrs. Josephine C. Lyons |
| 6. Mother's Maiden Name, | Josephine Conway |
| 7. Mother's Birthplace, | Balto. City |
| 8. Full Name of Father, | Frank Lyons |
| 9. Father's Occupation, | Stone-Mason |
| 10. Father's Birthplace, | Baltimore City |
| Name of Medical Attendant, or other person who makes this Return. | D. Jerome Reinhardt M.D. |
| Address, | 1218 Madison Ave. |
| Remarks, | |

8 9 7 0 0 0 4 9 9 7

required under his or her care during the month.
as the same can be ascertained the full name of each child, (if any shall have been con-
ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the sixth schedule
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1236.]

# RETURN OF A BIRTH. 84962

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Anna M. Zimmerman

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug 15 th |
| 4. Place of Birth, (Street and Number) | # 219 Chatfield st |
| 5. Full Name of Mother, | Mary (Zimmerman) |
| 6. Mother's Maiden Name, | (Ruth) Roppelt |
| 7. Mother's Birthplace, | Balto |
| 8. Full Name of Father, | John (Zimmerman) |
| 9. Father's Occupation | Nickel Plater |
| 10. Father's Birthplace, | Balto. |
| Name of Medical Attendant, or other person who makes this Return, | Mary A. Perkins |
| Address, | 241 S. Chester st. |
| Remarks, | 8 9 7 0 0 0 4 9 9 8 |

Wm. J. C. Dulany Co., City Printers and Stationers.

**Duty of Physicians, Midwives, Parents, &c., to Report Births.** Every physician, midwife, or other person who shall have attended upon any birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of the first and month, and shall contain a list of the births which have occured under his or her care during the register of such schedule shall contain a list of the births which have occured under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and with the provisions of this section shall be enjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, or to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to

# RETURN OF A BIRTH. 84963

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Primipara |
| *1. Sex (state whether Male or Female)* | female. |
| *2. Race or Color (if not of the white race)* | White |
| *3. Date of Birth* | Aug 15. 1907 |
| *4. Place of Birth (Street and Number)* | 103 N. Stricker St = |
| *5. Full Name of Mother* | Sarah L. Thompson. |
| *6. Mother's Maiden Name* | Sarah L. Carter |
| *7. Mother's Birthplace* | Staunton Va |
| *8. Full Name of Father* | Henry J. Thompson |
| *9. Father's Occupation* | Mercantile Traveller |
| *10. Father's Birthplace* | Norfolk. Va |
| *Name of Medical Attendant, or other Person who makes this Return.* | A. H. Sayton |
| *Address* | 1136 A Lafayette St |
| *Remarks* | |

8970004999

GIVEN NAME ADDED 3-29-60

# RETURN OF A BIRTH 84964

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Loretta Ann Hogan

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals the birth of such child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | Aug 15 - 1917 |
| 4. Place of Birth, (Street and Number) | 302 S. Gilmor St |
| 5. Full Name of Mother. | Anna Hogan |
| 6. Mother's Maiden Name, | Anna Miller |
| 7. Mother's Birthplace, | New Oxford, Pa |
| 8. Full Name of Father, | Michael J Hogan. |
| 9. Father's Occupation, | Clerk. B + O. |
| 10. Father's Birthplace. | Baltimore |
| Name of Medical Attendant, or other Person who makes this Return | A St. Gorton |
| Address, | 1136 a. Lafayette St |
| Remarks, | 8970005000 |

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# RETURN OF A BIRTH. 84965

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Miriam Hummer

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | First |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White. |
| 3. Date of Birth, | August 16, 1897. |
| 4. Place of Birth, (Street and Number) | 1022 N. Calhoun St. |
| 5. Full Name of Mother, | Laura Virginia Ingderniden |
| 6. Mother's Maiden Name, | Laura Virginia Sindall. |
| 7. Mother's Birthplace, | Baltimore Md. |
| 8. Full Name of Father, | Harry S. Ingderniden |
| 9. Father's Occupation | Carpenter |
| 10. Father's Birthplace, | Baltimore Md. |
| Name of Medical Attendant, or other person who makes this Return, | J. B. Hummer M. D. |
| Address, | 624 N Carrollton Ave |
| Remarks, | GIVEN NAME ADDED 8-9-7-0 P-23-54 005001 |

register of such birth, and shall enter in the same the particulars of the births which have occurred under his or her care during the month. This schedule shall contain a list of the births which have occurred under his of her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84966

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 16th 1897
4. Place of Birth, (Street and Number) 814 Harlem Avenue
5. Full Name of Mother, America Melbourne Lost
6. Mother's Maiden Name, America Melbourne
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Edward J Lost
9. Father's Occupation Mechanical Engineer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. C. S. Hammann

Address, 624 N. Carrollton Ave

Remarks, 8970005002

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

# RETURN OF A BIRTH. 84967

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday August 16
4. *Place of Birth, (Street and Number)* Baltimore Lemmon Street
5. *Full Name of Mother,* Emma L. Martin
6. *Mother's Maiden Name,* Emma L Thompson
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Bernard L Martin
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Balt City

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bertha Weinhardt

*Address,* 1631 W. Pratt St. Baltimore Md.

*Remarks,*

8 9 7 0 0 0 5 0 0 3

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1236.]

# RETURN OF A BIRTH. 84968

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 16 August 1874 |
| 4. *Place of Birth, (Street and Number)* | 122 Marshall ave |
| 5. *Full Name of Mother,* | Maggie Sullivan |
| 6. *Mother's Maiden Name,* | Maggie Kain |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | William Sullivan |
| 9. *Father's Occupation* | Shiping Clerk |
| 10. *Father's Birthplace,* | Balto Md |
| *Name of Medical Attendant,* or other person who makes this Return, | C A Brooks |
| *Address,* | 628 Light St |
| *Remarks,* | Dairy Well |

8 4 7 0 0 0 5 0 0 4

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1235.]

# RETURN OF A BIRTH. 84969

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 16. 1897
4. *Place of Birth, (Street and Number)* 1022 Fort Ave
5. *Full Name of Mother,* Mary Lorence Ulmann
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Lorence Workmann
9. *Father's Occupation*
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Carolyn Schwartz

*Address,* 434 Fort Ave

*Remarks,*

8970005005

Wm. J. C. Dulany Co., City Printers and Stationers.

Returns which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84970

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 16. 1897.
4. Place of Birth, (Street and Number) 719 Amity st.
5. Full Name of Mother, Rebecca Swanzect.
6. Mother's Maiden Name, Rebecca Wilmer.
7. Mother's Birthplace, City.
8. Full Name of Father, Frank Swanzect.
9. Father's Occupation Laboring
10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return, Audrey C Jones

Address, 1121 Saratoga St Balto Md.

Remarks,

8 9 7 0 0 0 5 0 0 6

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1336]

# RETURN OF A BIRTH. 84971

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 August
4. Place of Birth, (Street and Number) 1609 Shakespeare Sts.
5. Full Name of Mother, Annie Novak
6. Mother's Maiden Name, Liker
7. Mother's Birthplace, Pole
8. Full Name of Father, Martin Novak
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, 838 S. Bond St.

Remarks,

8970005007

Wm. J. C. Dulany Co., City Printers and Stationers.

The name can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

8/23/66

# GIVEN NAME ADDED RETURN OF A BIRTH. 84972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN FENTON DAUGHERTY

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, August 16 1899.
4. Place of Birth, (Street and Number) 1849 N. Carey St.
5. Full Name of Mother, Edith L. Daugherty
6. Mother's Maiden Name, Edith L. Wood.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard B. Daugherty
9. Father's Occupation Grocer.
10. Father's Birthplace, Williamsburgh Va.

Name of Medical Attendant, or other person who makes this Return Roland L. Wood M.D.

Address, 662 W. Lexington St.

Remarks, 1 8 9 7 0 0 0 5 0 0 8

said schedule shall be delivered, duly signed by the practitioner in attendance upon birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84973

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 17th 1897
4. Place of Birth, (Street and Number) 1022 Linwood Ave
5. Full Name of Mother, Adell Boyd
6. Mother's Maiden Name, Adell Boyd
7. Mother's Birthplace, Annandale Co
8. Full Name of Father, James Boyd
9. Father's Occupation, Laborer
10. Father's Birthplace, Annandale Co

Name of Medical Attendant, or other person who makes this Return, May Hosey

Address, 1809 Jamison Rd

Remarks,

8970005009

Wm J C. Dulany Co., City Printers and Stationers.

...been conferred), its sex, color, the full name and occupation ... parents, the date and place of birth, and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child ... third day of each and every month to the physician or practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such ... child to report its birth to the Commissioner of Health. In the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

# RETURN OF A BIRTH. 84974

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 11 1907
4. *Place of Birth, (Street and Number)* No 2027 Olive Ave
5. *Full Name of Mother,* Margarette Rosenthal
6. *Mother's Maiden Name,* Tillman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Rosenthal
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs L Gross

*Address,* No 1907 E Monument Ave

*Remarks,*

8970005010

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84975

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | No 6 |
| 1. *Sex, (state whether male or female).* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 17th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2018 E McElderry st |
| 5. *Full Name of Mother,* | Ella Berry |
| 6. *Mother's Maiden Name,* | Ella Noll |
| 7. *Mother's Birthplace,* | Philadelphia |
| 8. *Full Name of Father,* | Edward Z Berry |
| 9. *Father's Occupation* | Silversmith |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | J Ridgway Andrè M.D. |
| *Address,* | 1123 E Belle st |
| *Remarks,* | |

8970005011

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84976

*To the Office of Registrar of Vital Statistics, Board of Health.*

***BALTIMORE CITY.***

*No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)*

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August-17- 1897.
4. *Place of Birth (Street and Number)* 2348 York Road
5. *Full Name of Mother* Gustaline Burndoll
6. *Mother's Maiden Name* Gustaline di Meril
7. *Mother's Birthplace* Italy
8. *Full Name of Father* Serena [illegible] Burndoll
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Italy

*Name of Medical Attendant, or other Person who makes this Return.* John B. Baron M.D.

*Address* Govanstown Balto Co.

*Remarks*

8970005012

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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# RETURN OF A BIRTH. 84977

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White Child |
| 3. *Date of Birth,* | 17th August 1894 |
| 4. *Place of Birth, (Street and Number)* | Lombard St. No. 1401 E. |
| 5. *Full Name of Mother,* | Mary Kenna |
| 6. *Mother's Maiden Name,* | " Slattery |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | James Kenna |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant, or other person who makes this Return,* | Lizzie Schaffer |
| *Address,* | E. Fortune Med. D. |
| *Remarks,* | |

8970005013

Wm. J. C. Dulany Co,. City Printers and Stationers.

**Health.** This schedule shall contain a list of the births within the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicener of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and with the provisions of this section shall be immediately thereafter, in the manner and provisions of this section shall be subchild to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84978

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex, (state whether male or female) Male Child.
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, august 17. 10.97.
4. Place of Birth, (Street and Number) Saratoga st. 9.21.
5. Full Name of Mother, Lillie. Gibson age 21
6. Mother's Maiden Name, Lillie. Williams.
7. Mother's Birthplace, West. Point. Va.
8. Full Name of Father, James. Gibson age 24.
9. Father's Occupation, Grocer. driver.
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie. Reid.

Address, 417 Parish al.

Remarks,

8 7 7 0 0 5 0 1 4

Register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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[2 35.]

# RETURN OF A BIRTH. 84979

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, August 14th

4. Place of Birth, (Street and Number) 959 Penn Av. 959

5. Full Name of Mother, Anna Elisabethe Frasum

6. Mother's Maiden Name, A. E. Kratz

7. Mother's Birthplace, Germania

8. Full Name of Father, Karl Christ Kasun

9. Father's Occupation Bäker

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Kate Eichler

Address, 1433 Mc Elderry St

Remarks,

8 4 7 0 0 0 5 0 1 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 84980

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 August
4. Place of Birth, (Street and Number) 2404 Bethel St.
5. Full Name of Mother, Katie Sandner
6. Mother's Maiden Name, Kaufmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John Sandner
9. Father's Occupation Workingman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Bell

Address, 838 S. Bond St.

Remarks,

8970005016

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84 984

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female). Girl and Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 August
4. Place of Birth, (Street and Number) 726 Bethel St.
5. Full Name of Mother, Helena Bil
6. Mother's Maiden Name, Burke
7. Mother's Birthplace, Pole
8. Full Name of Father, John Bil
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970005017

month, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 84982

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first one |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Light brown skin |
| 3. *Date of Birth,* | ~~August~~ august the 17th |
| 4. *Place of Birth, (Street and Number)* | Upton Street 13-15 |
| 5. *Full Name of Mother,* | Sarah gains |
| 6. *Mother's Maiden Name,* | Sarah Forster |
| 7. *Mother's Birthplace,* | americus Md |
| 8. *Full Name of Father,* | Samuel gains |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | City of Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Lydia Somerville |
| *Address,* | Clinton ave 616 |
| *Remarks,* | |

8470005018

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between of any child third day of each and every month to the office of the Commissioner of midwifery, or other person who shall become the duty of the person or parents, of such shall occur without the attendance of a physician or practitioner as aforesaid, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall be the duty of the midwife, in the manner and with the provisions of this section shall be child to report its birth to the Commissioner of Health, in the case the birth of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84983

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 17 August 1897 |
| 4. *Place of Birth, (Street and Number)* | 426 Eutaw Street |
| 5. *Full Name of Mother,* | Susie Price |
| 6. *Mother's Maiden Name,* | Susie Sanks |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Samuel Price |
| 9. *Father's Occupation,* | Porter |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Hannah Hatchett |
| *Address,* | 609 Campbell Street |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84984

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, August 18 1897.
4. Place of Birth, (Street and Number) 828 W Whatcoat st.
5. Full Name of Mother, Mary Webb.
6. Mother's Maiden Name, Mary Gallary.
7. Mother's Birthplace, Essex Co. Va.
8. Full Name of Father, Isaac Webb.
9. Father's Occupation Laboring.
10. Father's Birthplace, Essex Co Va.

Name of Medical Attendant, or other person who makes this Return, Mary C Jones

Address, 1121 Saratoga St

Remarks, Balto Md

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Wm. J. C. Dulany Co,. City Printers and Stationers.

As the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84985

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | W |
| 3. *Date of Birth,* | August 18 |
| 4. *Place of Birth, (Street and Number)* | 924 Clifford St |
| 5. *Full Name of Mother,* | Katie Wren. |
| 6. *Mother's Maiden Name,* | " Williams |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Robert L Wren |
| 9. *Father's Occupation* | Bukster |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Mary Morgan |
| *Address,* | 412 Dock St |
| *Remarks,* | |

8 7 7 0 0 0 5 0 2 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 84986

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 1897
4. Place of Birth, (Street and Number) 1104 West Cross Street
5. Full Name of Mother, Mrs Kate Webster Geoghegan
6. Mother's Maiden Name, Kate Webster Sheffer
7. Mother's Birthplace, Baltimore City Maryland
8. Full Name of Father, John Richard Geoghegan Jr.
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore City Maryland

Name of Medical Attendant, or other person who makes this Return, John R. Geoghegan Jr. M.D.

Address, 1104 West Cross Balto. Md.

Remarks,

8970005022

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 84987

CERTIFICATE CORRECTED 5-15-44

To the Office of Registrar of Vital Statistics, ~~Board of Health,~~ Baltimore City.

Name: Rose ~~Goldrich~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 18 Aug 1897

4. Place of Birth, (Street and Number) 500 [illegible]

5. Full Name of Mother, Dora (——) Goldrich

6. Mother's Maiden Name, Berk

7. Mother's Birthplace, Poland

8. Full Name of Father, Isaac (——) Goldrich

9. Father's Occupation Tailor

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs R Uffleg

Address, 1302 E Lexington St

Remarks,

8970005023

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the payment of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. . C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84988

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Wednesday August 18th 97 (2.30 P.M.)
4. *Place of Birth, (Street and Number)* 517 N Caroline St
5. *Full Name of Mother,* Carrie Langley
6. *Mother's Maiden Name,* Carrie Sampson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Langley
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Norfolk Va

*Name of Medical Attendant,* or other person who makes this Return, Attended [illegible]

*Address,* 112 N Wolfe St

*Remarks,*

8970005024

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 84989

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 August 1897
4. *Place of Birth, (Street and Number)* 180 W Fort ave
5. *Full Name of Mother,* Barbia Miller
6. *Mother's Maiden Name,* Barbia Hoffman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Miller
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, C A Brookes

*Address,* 1428 Light St

*Remarks,* Living Well

897 0005025

Wm. J. C. Dulany Co,. City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84990

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| 1. *Sex, (state whether male or female)* | ~~female~~ boy |
| 2. *Race or Color, (if not of the white race)* | dark brown skin |
| 3. *Date of Birth,* | august the 19th |
| 4. *Place of Birth, (Street and Number)* | Mulberry st 709 |
| 5. *Full Name of Mother,* | Malinda sidney |
| 6. *Mother's Maiden Name,* | City of Bal |
| 7. *Mother's Birthplace,* | Mulinda Sidney |
| 8. *Full Name of Father,* | Nathan Combs |
| 9. *Father's Occupation* | Sailing |
| 10. *Father's Birthplace,* | St mary county |
| *Name of Medical Attendant,* or other person who makes this Return, | Lydia Somerville |
| *Address,* | 66 Clinton ave |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

84991

# RETURN OF A BIRTH 84

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C**

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | first |
| *1. Sex (state whether male or female),* | Female |
| *2. Race or Color (if not of the white race),* | White |
| *3. Date of Birth,* | August 16, 1897 |
| *4. Place of Birth (Street and Number),* | 62d Full grown [illegible] |
| *5. Full Name of Mother,* | Fanny Cohen |
| *6. Mother's Maiden Name,* | " Mitnick |
| *7. Mother's Birthplace,* | Russia |
| *8. Full Name of Father,* | Wolf Cohen |
| *9. Father's Occupation,* | Tailor |
| *10. Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return. | Wm. Wolf |
| *Address,* | 945 N. Fayette St |
| *Remarks,* | 8 9 7 0 0 0 5 0 2 7 |

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

...the City of Baltimore.

...e Baltimore Publis... ...ictures and Stationery

# RETURN OF A BIRTH.

84992

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 7th. Seventh —

1. Sex (state whether male or ~~female~~) — Male —
2. Race ~~or Color~~ (if not of the white race) — White —
3. Date of Birth August 10th, 1897
4. Place of Birth (Street and Number) # 1726 Ashland Avenue
5. Full Name of Mother — Dora Kunlein —
6. Mother's Maiden Name Dora Stengel —
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father Henry Kunlein
9. Father's Occupation — Laborer —
10. Father's Birthplace — Germany

Name of Medical Attendant, or other Person who makes this Return. John H. Cowan M.D.

Address # 1535 Hopkins Avenue City

Remarks

8970005028

# RETURN OF A BIRTH. 84993

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*No. of Child of Mother*, (state whether 1st, 2d, 3d, &c.) (10th) Tenth.

1. *Sex* (state ~~whether male or~~ female) Female.
2. *Race or* ~~Color~~ (if not of the white race) White.
3. *Date of Birth* — August 10th, 1897.
4. *Place of Birth* (Street and Number) — 202 N. Linden Ave.
5. *Full Name of Mother* Anna Maria Wood.
6. *Mother's Maiden Name* Anna Maria Cohen.
7. *Mother's Birthplace* Delaware State
8. *Full Name of Father* Samson Joseph Peter Wood.
9. *Father's Occupation* Salesman
10. *Father's Birthplace* State of Virginia

*Name of Medical Attendant*, or other Person who makes this Return. John McCormack

*Address* # 1835 Hopkins Avenue City.

*Remarks*

8970005029

# RETURN OF A BIRTH. 84994

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16, 1877
4. *Place of Birth, (Street and Number)* 232 W Colvert St
5. *Full Name of Mother,* Mary Flynn
6. *Mother's Maiden Name,* Mary Tiddle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Flynn
9. *Father's Occupation* Stone dealer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Butler & Coulbourn

*Address,* 124 S Howard St

*Remarks,*

8 4 7 0 0 0 5 0 3 0

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1236.]

# RETURN OF A BIRTH. 84995

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~O'~~ Margaret O'Toole

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3. |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | 18 August, 1897 |
| 4. Place of Birth, (Street and Number) | 1515 Decatur st. |
| 5. Full Name of Mother, | Kathe C. Toole |
| 6. Mother's Maiden Name, | " Cahill |
| 7. Mother's Birthplace, | Baltimore |
| 8. Full Name of Father, | Pat. C. Toole |
| 9. Father's Occupation | Laborer |
| 10. Father's Birthplace, | Ireland |
| Name of Medical Attendant, or other person who makes this Return, | Geo. J. Mayer. |
| Address, | 1331 Hull st. Locust Point. |
| Remarks, | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84996

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 19, 1897. |
| 4. *Place of Birth, (Street and Number)* | 715 N. Monroe St. |
| 5. *Full Name of Mother,* | Ada E. Parran |
| 6. *Mother's Maiden Name,* | Phelan |
| 7. *Mother's Birthplace,* | Baltimore, Md. |
| 8. *Full Name of Father,* | Chas. S. Parran |
| 9. *Father's Occupation* | Clerk City Hall |
| 10. *Father's Birthplace,* | Baltimore, Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Jennie Turnt |
| *Address,* | 600 N. Monroe St. |
| *Remarks,* | 8 9 7 0 0 0 5 0 3 2 |

Every midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 84997

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* 8-19-97
4. *Place of Birth, (Street and Number)* Calhoun st 1309
5. *Full Name of Mother,* Isabella Snell
6. *Mother's Maiden Name,* Isabella Johnson
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Edward Snell
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Berlick county

*Name of Medical Attendant,* or other person who makes this Return, Jane Moran

*Address,* 1424 Bruce st

*Remarks,*

8 9 7 0 0 0 5 0 3 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 84998

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 20, 1897.
4. *Place of Birth, (Street and Number)* 701 Peirce street.
5. *Full Name of Mother,* Ella Turner.
6. *Mother's Maiden Name,* Ella Freeland.
7. *Mother's Birthplace,* Calvert Co Md.
8. *Full Name of Father,* Richard Turner.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* West Virginia Rappahannock Co

*Name of Medical Attendant,* or other person who makes this Return, Mary C Jones.

*Address,* 1121 Saratoga Street

*Remarks,* Balto Md.

8 9 7 0 0 0 5 0 3 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 84999

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 26th 1897
4. Place of Birth, (Street and Number) 1413 Brunt Street
5. Full Name of Mother, Emma Bailey
6. Mother's Maiden Name, Emma Zeller
7. Mother's Birthplace, Carroll Co
8. Full Name of Father, Benjamin Bailey
9. Father's Occupation, Waiter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lanvale St

Remarks, Strong and healthy.

89700005035

monthly, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. $5000

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 of August
4. Place of Birth, (Street and Number) 1100 Cherry St.
5. Full Name of Mother, Anna Lukan
6. Mother's Maiden Name, = Wesby
7. Mother's Birthplace, Balto.
8. Full Name of Father, Otto Lukan.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs G. Weiss. (Behrke

Address, 613 S. post St.

Remarks,

8970005036

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85001

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male~~ or female)
2. Race or ~~color~~, (if not of the white race)
3. Date of Birth, Aug 26 1897
4. Place of Birth, (Street and Number) 378 Williamson st
5. Full Name of Mother, Ida May Stephenson
6. Mother's Maiden Name, Bradley
7. Mother's Birthplace, Maryland
8. Full Name of Father, William C. Stephenson
9. Father's Occupation, Shoe maker
10. Father's Birthplace, South Hampden Va

Name of Medical Attendant, or other person who makes this Return, Henry H Jonthyer M.D.

Address, 622 Hanover st

Remarks,

8970005037

Wm. J. C. Dulany Co., City Printers and Stationers

ecial consent) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1230.]

# RETURN OF A BIRTH. 85002

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 August

4. Place of Birth, (Street and Number) 1129 E. Pennsylvania Ave.

5. Full Name of Mother, Mary Schwarz

6. Mother's Maiden Name, Hoeth.

7. Mother's Birthplace, Germany

8. Full Name of Father, John Schwarz

9. Father's Occupation Barber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Emil J. Mayer

Address, 1331 Hull St. Locust Point.

Remarks,

8970005038

Wm. J. C. Dulany Co., City Printers and Stationers.

...set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above set forth. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85003

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 20th |
| 4. *Place of Birth, (Street and Number)* | 641 W. German st |
| 5. *Full Name of Mother,* | Katie Christopher |
| 6. *Mother's Maiden Name,* | Loy. |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Edwood Christopher |
| 9. *Father's Occupation* | Harness-Maker |
| 10. *Father's Birthplace,* | Balto.-city |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. L. Buddenbohm M.D. |
| *Address,* | 715 S. Paca st. |
| *Remarks,* | |

8970005039

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 8 0004

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th August 1897
4. Place of Birth, (Street and Number) 119 Rosen ave
5. Full Name of Mother, Laddie Jett
6. Mother's Maiden Name, Laddie Grimes
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Arthur Jett
9. Father's Occupation Barkeeper
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 628 Light St

Remarks, Davy Well

8970005040

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85005

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, 2th August 1897

4. Place of Birth, (Street and Number) No 1327 Garrett Ave L.C.

5. Full Name of Mother, Babete Lueanlen

6. Mother's Maiden Name, " " Piestler

7. Mother's Birthplace, Germany

8. Full Name of Father, Carl Lueanlen

9. Father's Occupation Machinist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler M.D.

Address, 1408 Fort Ave L.C.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005041

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# RETURN OF A BIRTH. 85006

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 August
4. Place of Birth, (Street and Number) 523 S. Bond St.
5. Full Name of Mother, Tenie Isaak
6. Mother's Maiden Name, Undik
7. Mother's Birthplace, Pole
8. Full Name of Father, Pets Isaak
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Batt

Address, 538 S. Bond St.

Remarks,

8970005042

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 85007

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 August
4. Place of Birth, (Street and Number) 611 S. Bond St.
5. Full Name of Mother, Mary Bartholomay
6. Mother's Maiden Name, Lam
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adam Bartholomay
9. Father's Occupation, Manufactory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Pratt

Address, 838 S. Bond St.

Remarks,

8970005043

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been concealed as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85008

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st Ann B. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 21 st |
| 4. *Place of Birth, (Street and Number)* | 700 W. Cross st |
| 5. *Full Name of Mother,* | Annie Klasmier |
| 6. *Mother's Maiden Name,* | " Fritz |
| 7. *Mother's Birthplace,* | Balto city |
| 8. *Full Name of Father,* | Harry Klasmeier |
| 9. *Father's Occupation* | Store-Keeper |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas. L. Buddenbohn M.D. |
| *Address,* | 418. S. Paca st. |
| *Remarks,* | |

8970005044

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

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# RETURN OF A BIRTH. 85009

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 August
4. *Place of Birth, (Street and Number)* Block 5th. 1527
5. *Full Name of Mother,* Celie Lusk
6. *Mother's Maiden Name,* Dyson
7. *Mother's Birthplace,* Irish
8. *Full Name of Father,* John Lusk
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Irish

*Name of Medical Attendant,* or other person who makes this Return, Mary Brett

*Address,* 838 S. Bond St.

*Remarks,*

8970005045

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 85010

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) ~~fema~~ male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 day of August, 1897
4. Place of Birth, (Street and Number) # 1932 Hanover st. Balto
5. Full Name of Mother, Barbara Wengert
6. Mother's Maiden Name, Babara Eckert
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Wengert
9. Father's Occupation, Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Annie M. Goeller

Address, # 1703 Hanover st City

Remarks,

8970005046

Health. This schedule shall contain a list of the births which have occurred within this city during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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M 1236

# RETURN OF A BIRTH. 85011

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2nd~~ Fourth (4)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 21
4. Place of Birth, (Street and Number) 209 Stiles St.
5. Full Name of Mother, Ida Kavanagh
6. Mother's Maiden Name, Gray.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Adams
9. Father's Occupation Carter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. P. Remington

Address, 124 Bismuth St.

Remarks, 8 9 7 0 0 0 5 0 4 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 8501/2

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 22 — 97
4. Place of Birth, (Street and Number) 1746 E Lombard
5. Full Name of Mother, Alice Forrest
6. Mother's Maiden Name, " Heise
7. Mother's Birthplace, Baltimore
8. Full Name of Father, — — Forrest
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J B Bennett

Address, 23 S. Bdwy

Remarks, (illegible) 8 9 7 0 0 0 5 0 4 8

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85013

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 August
4. Place of Birth, (Street and Number) 514 S. Bond Stt.
5. Full Name of Mother, Sofie Grunkevic
6. Mother's Maiden Name, Bernadzikowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Vincent Grunkevic
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bett

Address, 835 S. Bond St.

Remarks, 8970005049

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# RETURN OF A BIRTH. 85014

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 2d & 2nd Child 3 Child (Twin) |
| 1. Sex, (state whether male or female) | Birth Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | August 22. 97 |
| 4. Place of Birth, (Street and Number) | 748 N. Gay St |
| 5. Full Name of Mother, | Annie Orlowitz |
| 6. Mother's Maiden Name, | Reichselinman |
| 7. Mother's Birthplace, | St Petersburg Russia |
| 8. Full Name of Father, | Herman J. Orlowitz |
| 9. Father's Occupation, | Composer |
| 10. Father's Birthplace, | Novno Russia |
| Name of Medical Attendant, or other person who makes this Return, | Jno. H. Pickal M.D. |
| Address, | 1312 Ashland ave. |
| Remarks, | 8970005050 |

register of such birth, and shall enter the same therein. Every physician or midwife who shall attend upon any birth which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85015

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 22/97 |
| 4. *Place of Birth, (Street and Number)* | 926 S. Charles st |
| 5. *Full Name of Mother,* | Katie Brooke |
| 6. *Mother's Maiden Name,* | " Wagner |
| 7. *Mother's Birthplace,* | Balto. city |
| 8. *Full Name of Father,* | Eugene Brooke |
| 9. *Father's Occupation* | Shirt-Maker |
| 10. *Father's Birthplace,* | Balto-city |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas. L. Biddlebohm M.D. |
| *Address,* | 418 S. Paca st. |
| *Remarks,* | 8970005051 |

been converted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85016

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 C

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, aug 22 1897
4. Place of Birth, (Street and Number) 131 w Lee st
5. Full Name of Mother, Mary Sonsia Howard
6. Mother's Maiden Name, Mary Sonsia Kragel
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Michael Westwood Howard
9. Father's Occupation, Cabinett maker
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Sonsa Howard

Address, ~~Son~~ 131 w Lee st Baltimore Md

Remarks, 8970005052

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# RETURN OF A BIRTH. 85017

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th 1895 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | AUG 23 1897 |
| 4. *Place of Birth, (Street and Number)* | 15 S. Arlington Ave. |
| 5. *Full Name of Mother,* | Amelia Schraeder |
| 6. *Mother's Maiden Name,* | Amelia Bauer |
| 7. *Mother's Birthplace,* | Stonington Conn. |
| 8. *Full Name of Father,* | John P. Schraeder |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's ~~Birthplace~~,* | Bavaria Ger. |
| *Name of Medical Attendant,* or other person who makes this Return, | Supt. Winder |
| *Address,* | 1095 W. Fayette |
| *Remarks,* | L. S. & A. Premature 8970063/053 Twin. |

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# RETURN OF A BIRTH. 85018

GIVEN NAME ADDED 6/29/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Bernard Bernhardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 of August.
4. Place of Birth, (Street and Number) 2244 Fountain Street.
5. Full Name of Mother, Rebecka Bonhardt.
6. Mother's Maiden Name, Schott.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Bonhardt.
9. Father's Occupation fruit buyer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss. (Behnken)

Address, 613 S. post St.

Remarks, 8970005054

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85019

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday Aug 20th 1894
4. Place of Birth, (Street and Number) 117 E. Lombard St
5. Full Name of Mother, Rebecca Rebecca Goldstein
6. Mother's Maiden Name, " Kaplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Thomas Goldstein
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 1013 E. Lombard St.

Remarks, 1897 0005055

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 85020

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Aug 23 97

4. *Place of Birth, (Street and Number)* 1244 N Monument St

5. *Full Name of Mother,* Annie Lind

6. *Mother's Maiden Name,* Tolmond

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Fred W Lind

9. *Father's Occupation* Cook

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs L Lewis

*Address,* 1112 1/2 E Monument Ste

*Remarks,* 8970005056

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1236.]

# RETURN OF A BIRTH. 85021

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 14th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24th 1897
4. *Place of Birth, (Street and Number)* 2207 E. Lombard Street
5. *Full Name of Mother,* Mary Loretto Russell
6. *Mother's Maiden Name,* " " Darragh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph E. Russell
9. *Father's Occupation* Real Estate
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, James F. McShane, M.D.

*Address,* 2 S. Patterson Park Ave.

*Remarks,* 8970005057

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH 85022

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | fourth |
| 1. *Sex, (State whether male or female)* | male |
| 2. *Race or color, (if not of the white race)* | white |
| 3. *Date of Birth,* | august. 24 |
| 4. *Place of Birth, (Street and Number)* | no. 7 Hoyt. St. Baltimore md |
| 5. *Full Name of Mother,* | Victoria. Snellings |
| 6. *Mother's Maiden Name,* | Victoria. A. Conde |
| 7. *Mother's Birthplace,* | Fredricksburg. Va |
| 8. *Full Name of Father,* | William. B. Snellings |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Fredricksburg. Va |
| *Name of Medical Attendant,* or other person who makes this Return. | C. Elizabeth. Timmons |
| *Address,* | no. 145. E. Chestnut. ave. Hampden |
| *Remarks,* | 8970005058 |

month, and shall set forth as far as the same can be ascertained the full name of each Child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85023

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 24 — 1897
4. *Place of Birth, (Street and Number)* 206 S. Eden St.
5. *Full Name of Mother,* Annie Heige
6. *Mother's Maiden Name,* Heilprich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Heige
9. *Father's Occupation* Ingener
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Stein

*Address,* 427 E Pratt St.

*Remarks,* 8970005059

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# RETURN OF A BIRTH. 85024

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday, August 24th 1897
4. Place of Birth, (Street and Number) 624 Light St.
5. Full Name of Mother, Rebecca Hirshhorn
6. Mother's Maiden Name, " Rosenblatt.
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Hirshhorn
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman

Address, 1013 E. Lombard St

Remarks, 8970005060

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Be it enacted, that the full name and occupation of its parents, the date and place of birth, and the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 85025

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) mulatto.
3. Date of Birth, Aug 24th 1897.
4. Place of Birth, (Street and Number) 542 Union St.
5. Full Name of Mother, Victoria Dickson
6. Mother's Maiden Name, Victoria Burnell
7. Mother's Birthplace, Snow Hill, Md.
8. Full Name of Father, George Dickson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry M Fitzhugh M.D.

Address, 1208 Madison Ave.

Remarks, Perineum lacerated Perineorrhaphy done. 8970005061

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85026

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, Aug 25 th 97

4. Place of Birth, (Street and Number) No 121 N Chapel Str

5. Full Name of Mother, Louisa Amerien

6. Mother's Maiden Name, Miss Lee

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leone Amerien

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument Str

Remarks, 8970005062

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85-027

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hamilton Hynes ~~Smith~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 26. 1897
4. Place of Birth, (Street and Number) Binnica Ave
5. Full Name of Mother, Grace Hennick Smith
6. Mother's Maiden Name, Grace Hennick.
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Cecil Smith
9. Father's Occupation Clerk-
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brewster M.D.

Address, 1027 Madison Ave-

Remarks, ENTER DATE ADDED 4-8-53

6 7 7 0 0 0 5 0 6 3

K.M.

Wm. J. C. Dulany Co., City Printers and Stationers.

2 35.]

# RETURN OF A BIRTH. 85028

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6th 1897
4. Place of Birth, (Street and Number) 2044 Federal st
5. Full Name of Mother, Melviner Schultz
6. Mother's Maiden Name, Melviner Rodgers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrick Schultz
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 610 N. Wolf st

Remarks, 8 9 7 0 0 0 5 0 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

2 35.]

# RETURN OF A BIRTH. 85029

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 10th 1897
4. *Place of Birth, (Street and Number)* 1022 Gay st
5. *Full Name of Mother,* Annie Kraft
6. *Mother's Maiden Name,* Annie Giller Grieler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Kraft
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Mrs Bruns

*Address,* 1616 N Wolfe st

*Remarks,* 8970005065

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 850 30

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1-

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug - 14, 1897-
4. Place of Birth, (Street and Number) Arlington Ind -
5. Full Name of Mother, Edith Benson Helfrich -
6. Mother's Maiden Name, Edith Benson -
7. Mother's Birthplace, Va -
8. Full Name of Father, Samuel Helfrich.
9. Father's Occupation merchant
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return, Cora Belle Brewster M.D.

Address, 1027 Madison Ave.

Remarks, 8 9 7 0 0 0 5 0 6 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1233.]

# RETURN OF A BIRTH. 85031

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 16th 1897

4. Place of Birth, (Street and Number) 342 4½ st

5. Full Name of Mother, Lizzie Crow

6. Mother's Maiden Name, Lizzie Donnet

7. Mother's Birthplace, Scotland

8. Full Name of Father, Allen Howard Crow

9. Father's Occupation Blacksmith

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N. Wolfe st

Remarks, 8970005067

Said Commissioner his sex, color, the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1253.]

# RETURN OF A BIRTH. 86032

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 18th 1897
4. Place of Birth, (Street and Number) 1627 Lamont Ave
5. Full Name of Mother, Therese Link
6. Mother's Maiden Name, Therese Trennea
7. Mother's Birthplace, Germany
8. Full Name of Father, John Link
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1610 N Wolfe st

Remarks, 8 9 7 0 0 0 5 0 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1213.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85033

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24 th 1897
4. *Place of Birth, (Street and Number)* 2029 Oliver st
5. *Full Name of Mother,* Emma Wright
6. *Mother's Maiden Name,* Emma Alquier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Wright
9. *Father's Occupation* Machine Agent
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, Mrs Burns

*Address,* 1610 N. Wolfe st

*Remarks,* 8 9 7 0 0 0 5 0 6 9

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 85034

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Seventh |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Aug 10th 1897 |
| 4. *Place of Birth, (Street and Number)* | No 13 Foushill ave Bal |
| 5. *Full Name of Mother,* | Carrie Friedman |
| 6. *Mother's Maiden Name,* | Carry Euler. |
| 7. *Mother's Birthplace,* | Baltimore Co |
| 8. *Full Name of Father,* | David Philip Friedman |
| 9. *Father's Occupation* | Hay dealer. |
| 10. *Father's Birthplace,* | Baltimore Co |
| *Name of Medical Attendant,* or other person who makes this Return, | Elisebeth Whicks. |
| *Address,* | Hoffmans Lane. |
| *Remarks,* | 8970005070 |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 85035

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12 th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Whitl |
| 3. *Date of Birth,* | avgust 12 th 1897 |
| 4. *Place of Birth, (Street and Number)* | Stat Street Bal |
| 5. *Full Name of Mother,* | Mary Murrey |
| 6. *Mother's Maiden Name,* | Mary Myers |
| 7. *Mother's Birthplace,* | Calverton |
| 8. *Full Name of Father,* | James E Murrey |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Howard Co |
| *Name of Medical Attendant, or other person who makes this Return,* | Elizebeth Wilkes |
| *Address,* | Lottmon Court |
| *Remarks,* | 8970005071 |

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85036

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 20 189[illegible].
4. *Place of Birth, (Street and Number)* 1136 E Lanvale Lane.
5. *Full Name of Mother,* Sadie Brown.
6. *Mother's Maiden Name,* Keyes.
7. *Mother's Birthplace,* Richmond Co Va.
8. *Full Name of Father,* John A. Brown.
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Chester Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mary E Jones

*Address,* 1121 Bolton St

*Remarks,* 6 4 7 0 0 0 5 0 7 2 (illegible) Md

been conferred) its sex, color, the full name of each child, (if any shall have been conferred) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85037

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* August 23d 1897
4. *Place of Birth, (Street and Number)* 323 S. Caroline St
5. *Full Name of Mother,* Carrie Hermann
6. *Mother's Maiden Name,* Carrie Walker
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Hermann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Mary Engelhardt

*Address,* 1726 Eastern Ave Balto Md

*Remarks,*

8 9 7 0 0 0 5 0 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85038

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 23/97

4. Place of Birth, (Street and Number) 1501 Baltimore

5. Full Name of Mother, Margarite Dougherty

6. Mother's Maiden Name, Margarite Clancy

7. Mother's Birthplace, Balto city

8. Full Name of Father, Andrew Dougherty

9. Father's Occupation Conductor

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, E. Trichany M.D.

Address, 411 S. Sharp st

Remarks, 8970005074

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur within the limits of Baltimore City shall be reported as hereinafter provided, within ten days after such birth, by the attending physician or midwife, and in case there shall be no attending physician or midwife, then by the householder or owner of the premises where such birth shall occur, within ten days after the birth, and in case the mother shall be removed from the place where she was delivered before the birth of the child shall have been reported, then the householder or owner of the premises where she may be removed shall report the birth within ten days after the removal. The report shall state as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] 1-31-16

# RETURN OF A BIRTH. 80039

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Barbara Nelson

1. Sex, (state whether male or female) 1st
2. Race or Color, (if not of the white race) Female
3. Date of Birth, White
4. Place of Birth, (Street and Number) August 15th 1877
5. Full Name of Mother, 806 Eastern Ave
6. Mother's Maiden Name, Mary Nelson
7. Mother's Birthplace, Mrs Emma L Tribull
8. Full Name of Father, Balto Md
9. Father's Occupation, John Nelson
10. Father's Birthplace, Mechanic

Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, 1126 Eastern Ave

Remarks, Balto Md

8970005075

Wm. J. C. Dulany Co., City Printers and Stationers.

Each birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the name assigned to each child, if any shall have been assigned it, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85040

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-D

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24 1897
4. Place of Birth, (Street and Number) 515 S Wolfe St
5. Full Name of Mother, Maria Lott
6. Mother's Maiden Name, Maggie Lemlach
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Lott
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhardt

Address, Balto Md

Remarks,

8970005076

Wm. C. Dulany Co., City Printers and Stationers.

Health, and shall be forthwith as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85041

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. | *Sex, (state whether male or female)* | Male |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | Aug 24 |
| 4. | *Place of Birth, (Street and Number)* | 415 N Green St |
| 5. | *Full Name of Mother,* | Susana Owens Fingle |
| 6. | *Mother's Maiden Name,* | Susana Owens |
| 7. | *Mother's Birthplace,* | Maryland |
| 8. | *Full Name of Father,* | Wm A Fingle |
| 9. | *Father's Occupation,* | Plumber |
| 10. | *Father's Birthplace,* | New York |
| | *Name of Medical Attendant,* or other person who makes this Return. | Robert K Kaeser |
| | *Address,* | 1001 W Lanvale |
| | *Remarks,* | |

8970005077

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

The name shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

# RETURN OF A BIRTH. 85042

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 25th 1897
4. *Place of Birth, (Street and Number)* 511 E Washington St
5. *Full Name of Mother,* Frances Dailey
6. *Mother's Maiden Name,* Frances Hilton
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frederick Daily
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, Mary Engelhardt

*Address,* 1726 Eastern Ave Balto Md

*Remarks,*

8970005078

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85043

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) N.
3. Date of Birth, Aug 26 97
4. Place of Birth, (Street and Number) 1510 N. Bruckey
5. Full Name of Mother, Martha E Duty
6. Mother's Maiden Name, " Boody
7. Mother's Birthplace, D.C.
8. Full Name of Father, Walter Duty
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, D C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins

Address, 6 N. Bruckey

Remarks,

8970005079

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85044

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d of Aug 89
4. Place of Birth, (Street and Number) Baltimore Md #1402 Mrs Henry St.
5. Full Name of Mother, Madge Berg.
6. Mother's Maiden Name, " Fay
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George W Berg.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keating

Address, # 414 S Stricker St. Baltimore Md

Remarks, Mother and Child are doing well

18970005080

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

GIVEN NAME ADDED 2-4-59

# RETURN OF A BIRTH. 850405

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Edna Sanders

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 3d August 1897 |
| 4. *Place of Birth, (Street and Number)* | 1134 Riddgely St. |
| 5. *Full Name of Mother,* | Mary E. Sanders. |
| 6. *Mother's Maiden Name,* | Mary E Real. |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Frederick H Sanders. |
| 9. *Father's Occupation* | Drucker |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Pangee |
| *Address,* | 714 W. Cross St. |
| *Remarks,* | |

8970005081

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85046

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7th August 1897

4. Place of Birth, (Street and Number) No 1613 Register

5. Full Name of Mother, Mary Klein

6. Mother's Maiden Name, Mary Lott

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Louis Klein

9. Father's Occupation Bath Tub maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sch. Lawn

Address, 1457 Harford Ave

Remarks, Bal. Md

1897

8970005082

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85047

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of August 1897
4. Place of Birth, (Street and Number) No 26 Hillen St
5. Full Name of Mother, Emma Glantz
6. Mother's Maiden Name, Emma Steinsinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Glantz
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Dr. Ch. Lauer
Address, 1054 Hanford Ave Bal Md.
Remarks, 1897

8970005083

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236 |

# RETURN OF A BIRTH. 85048

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6
4. Place of Birth, (Street and Number) 23 Carlton Road
5. Full Name of Mother, Emma Lawson
6. Mother's Maiden Name, Reynes
7. Mother's Birthplace, Maryland
8. Full Name of Father, Stevens Lawson
9. Father's Occupation Chauffeur dealer
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs. Brown

Address, 711 St Paul Road St

Remarks,

8970005084

Wm. J. C. Dulany Co., City Printers and Stationers.

Births and Deaths are to be registered as near as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 85049

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August - 9 - 1885
4. Place of Birth, (Street and Number) Baltimore - Md - 2149 - West Mary - Ann - Heller
5. Full Name of Mother, Mary - Ann - Smith
6. Mother's Maiden Name, Baltimore Md
7. Mother's Birthplace, Edward - Martin - Heller
8. Full Name of Father, Bricklayer
9. Father's Occupation Baltimore Md
10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Kate Bange
Address, 711 W. Lanvale St.
Remarks,

1897000050-85

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon its birth to the Commissioner of Health, in the manner and within the provisions of this section shall become the duty of the person or persons who shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85050

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10th 1897
4. Place of Birth, (Street and Number) 612. N. Calvert Street Balto. Md.
5. Full Name of Mother, Mary Elisabeth Jungwirth
6. Mother's Maiden Name, Mary E. Schulte
7. Mother's Birthplace, Hartinsburg. W. Va.
8. Full Name of Father, Frank John Xavier Jungwirth
9. Father's Occupation Clerk.
10. Father's Birthplace, Copenhagen Denmark

Name of Medical Attendant, or other person who makes this Return, Wm. Bange

Address, 711 N. Broadway

Remarks,

8970005086

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 85057

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10th Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 10 1897 |
| 4. *Place of Birth, (Street and Number)* | 1007 Stiret & Stret Baltimore Md |
| 5. *Full Name of Mother,* | Katie Marie Heffernan |
| 6. *Mother's Maiden Name,* | Katie Marie Hearthty |
| 7. *Mother's Birthplace,* | Jersey City New Jersey |
| 8. *Full Name of Father,* | Thomas E Heffernan |
| 9. *Father's Occupation* | Skilled Laborer |
| 10. *Father's Birthplace,* | Jersey City New Jersey |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs Bangs. |
| *Address,* | 711 N. Gross St |
| *Remarks,* | |

8970005087

Wm. J. C. Dulany Co., City Printers and Stationers.

1336

# RETURN OF A BIRTH. 85052

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 10th

4. Place of Birth, (Street and Number) 706 West Oetund Street

5. Full Name of Mother, Isaac Elbert Ford

6. Mother's Maiden Name, Annie Ellen Thompson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George Mason Ford

9. Father's Occupation Box Maker

10. Father's Birthplace, Fayetteville, North Carolina

Name of Medical Attendant, or other person who makes this Return, Dr. Bange

Address, 711 N. Gross St.

Remarks,

8970005088

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336

# RETURN OF A BIRTH. 85053

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 11 11
4. *Place of Birth, (Street and Number)* Baltimore Ridgley st 1517
5. *Full Name of Mother,* Mrs Kate Pearman
6. *Mother's Maiden Name,* Miss Kate Nicholson
7. *Mother's Birthplace,* Altoona Pa
8. *Full Name of Father,* Lee Muntgomery Pearman
9. *Father's Occupation* glass Worker
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs Bangs

*Address,* 710 N Grove St

*Remarks,*

8970005089

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85054

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14th of Aug 1897
4. Place of Birth, (Street and Number) Baltimore Md #2013 Barkley St
5. Full Name of Mother, Julia A. Freeman
6. Mother's Maiden Name, " " Crouch.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Freeman
9. Father's Occupation, Beef Butcher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant or other person who makes this Return. Mrs Mary Kruning

Address, # 414 S Sticker St Baltimore Md.

Remarks, Mother and Child are doing well.

8970005090

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85055

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8yt Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. 15th of Aug 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 424 S Paca St.
5. Full Name of Mother, Etta L Jordan
6. Mother's Maiden Name, " " Deeble
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John L Jordan
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming

Address, # 314 S Sticker St Baltimore Md

Remarks, Mother and Child are doing well

8970005091

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

GIVEN NAME ADDED 2-7-55

# RETURN OF A BIRTH. 85056

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Harn

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 August 1897
4. Place of Birth, (Street and Number) 17 E Randall St
5. Full Name of Mother, Sallie Harn
6. Mother's Maiden Name, Sallie Scott
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Carvin Harn
9. Father's Occupation Conductor B&O R R
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, E A Brooks

Address, 1828 Light St

Remarks, Dying Well

8970005092

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85057

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of Aug 1897
4. Place of Birth, (Street and Number) Baltimore City # 822 N Bath St.
5. Full Name of Mother, Annie Eleazer
6. Mother's Maiden Name, " Brayham.
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Eleazer
9. Father's Occupation, Bar Tender
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Kraning

Address, # 414 S Bracken St. Baltimore City

Remarks, Mother and Child are doing well.

8970005093

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 85-088

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 18 August
4. Place of Birth, (Street and Number) 1316 Light Street
5. Full Name of Mother, Clara Velte
6. Mother's Maiden Name, Clara Buck
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Velte
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Range

Address, 711 N Grove St

Remarks.

8970005094

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85059

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | The 17th of August 91 |
| 4. *Place of Birth, (Street and Number)* | #830 Caroline |
| 5. *Full Name of Mother,* | Sallie Johnston |
| 6. *Mother's Maiden Name,* | Sallie Donell. |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | Jeremiah Johnston |
| 9. *Father's Occupation* | Oysterman. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | M/D Christina Lane |
| *Address,* | 859 Aisquith Street |
| *Remarks,* | Balto Md City. |

89700005095

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 85060

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* August the 20
4. *Place of Birth, (Street and Number)* Baltimore Cross stret. 1025
5. *Full Name of Mother,* Ellie Rose Crum
6. *Mother's Maiden Name,* Ellie Rose Myers.
7. *Mother's Birthplace,* Baltimore M. D.
8. *Full Name of Father,* Thomas Jefferson Crum
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore M. D.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Rose

*Address,* 1025 Cross St

*Remarks,*

8970005096

Wm. J. C. Dulany Co., City Printers and Stationers.

...and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

GIVEN NAME ADDED 8/14/74

# RETURN OF A BIRTH. 85061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pauline Elizabeth Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Balto. Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 day of August 1897
4. Place of Birth, (Street and Number) #1954 Hanover St.
5. Full Name of Mother, Mrs Lizzie May Schmidt
6. Mother's Maiden Name, Mrs Lizzie May Schmigert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frank Schmidt
9. Father's Occupation Seaman Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 711 W Lombard St

Remarks. Filed 1897

8970005097

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85 062

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 August 1897
4. Place of Birth, (Street and Number) 13 W Hart ave
5. Full Name of Mother, Maria Lowery
6. Mother's Maiden Name, Maria Latchim
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Lowery
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, E A Crooks

Address, 1828 Light St

Remarks, Dains Well

8 7 7 0 0 0 5 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife in case of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85063

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th August 1897
4. *Place of Birth, (Street and Number)* 1205 Baltimore ave
5. *Full Name of Mother,* Hannie Quillen
6. *Mother's Maiden Name,* Hannie Curran
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* William H Allen
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Balto Md

*Name of Medical Attendant,* or other person who makes this Return, E A Brooks

*Address,* 1828 Light St

*Remarks,*

8970005099

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 85064

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24/97
4. *Place of Birth, (Street and Number)* 911 E. Baltimore St
5. *Full Name of Mother,* Laura V. Ashby
6. *Mother's Maiden Name,* Laura V. Pugh
7. *Mother's Birthplace,* Fredericksburg Va
8. *Full Name of Father,* Elias F. Ashby
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* King & Queen Co Va

*Name of Medical Attendant,* or other person who makes this Return, Mrs O Bowie

*Address,* 711 E. Lombard St.

*Remarks,*

8970005100

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85065

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 August 97
4. *Place of Birth, (Street and Number)* 1142 Exeter
5. *Full Name of Mother,* Maria Deier
6. *Mother's Maiden Name,* Maria Frank
7. *Mother's Birthplace,* E. Prussia
8. *Full Name of Father,* Michael Deier
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* E. Prussia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Bange

*Address,* 711 Broadway

*Remarks,*

8970005101

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-24-25

# RETURN OF A BIRTH. 85066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Elizabeth Chaney

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 24th of Aug 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 405 Monroe St.
5. Full Name of Mother, Irina Chaney.
6. Mother's Maiden Name, " Williams.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Clarence C Chaney
9. Father's Occupation, Boilermaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Miss Mary Kraning

Address, # 414 S Bricker St. Baltimore Md.

Remarks, Mother and Child are doing well.

8970005102

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85067

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Children |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 22nd 1897 |
| 4. *Place of Birth, (Street and Number)* | Hubbert street 1041, Baltimore |
| 5. *Full Name of Mother,* | Ainnie E. Yates |
| 6. *Mother's Maiden Name,* | Annie E. [redacted] Benton |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Frances Yates |
| 9. *Father's Occupation* | Miller |
| 10. *Father's Birthplace,* | Wilmington Delaware |
| *Name of Medical Attendant,* or other person who makes this Return, | Maggie E Hill |
| *Address,* | 1619 Eutaw St. Balto. |
| *Remarks,* | |

8 7 0 0 0 5 1 0 3

been conferred) its sex, color, the full name of each child, (if any shall have
said schedule shall be delivered, duly signed by the practi
third day of each and every month to the office of the
shall occur without the attendance of a physician or pr
attendance upon the mother, immediately thereafter it
child to report its birth to the Commissioner of Health, in
any such person or persons who shall hereafter fail to co
jected to the fine of ten (10) dollars for each offence, to be

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1236

# RETURN OF A BIRTH. 85068

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Madora Creamer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25. 1897
4. Place of Birth, (Street and Number) 832 St Peter Street
5. Full Name of Mother, Mary Creamer
6. Mother's Maiden Name, Mary Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Clinton Creamer
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Barge

Address, 111 N. Broadway

Remarks, GIVEN NAME ADDED. 10-15-53

8970005104

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-18-59

# RETURN OF A BIRTH. 85069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Alverta Ensor

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th of Aug 1897.
4. Place of Birth, (Street and Number) Baltimore Md # 1507 Ramsey St.
5. Full Name of Mother, Annie F Ensor
6. Mother's Maiden Name, " Patterson
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph C Ensor
9. Father's Occupation, Paper Hanger.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Miss Mary Kraning

Address, # 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

8970005105

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 85070

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (State whether male or female)* | Female |
| 2. *Race or color, (if not of the white race)* | |
| 3. *Date of Birth,* | Aug 20th |
| 4. *Place of Birth, (Street and Number)* | # 805 Vine st |
| 5. *Full Name of Mother,* | Christina Elisabeth Ellis |
| 6. *Mother's Maiden Name,* | Kuhl |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Thomas Warren Ellis |
| 9. *Father's Occupation,* | Laborer |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs. Kate L. Geiglein |
| *Address,* | Mrs. 805 Vine st. |
| *Remarks,* | |

8970005106

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

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# RETURN OF A BIRTH. 85071

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug. 22 nd

4. Place of Birth, (Street and Number) Baltimore, 1715 Lansing Ave

5. Full Name of Mother, Mary Bensel

6. Mother's Maiden Name, Mary Bach

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Bensel

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Rosina Biemmuller

Address, #1811 E. Fayette Str. Balto.

Remarks,

8970005107

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of nullwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85072

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* august 26 - 97.
4. *Place of Birth, (Street and Number)* 1123 Pennsylvania St.
5. *Full Name of Mother,* Minnie V. Gilden
6. *Mother's Maiden Name,* " " Burg
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Howard D. Gilden
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Barry

*Address,* 14 N Broadway

*Remarks,*

8470005108

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85073

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First -

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, Wednesday August 25, 1897 9 P.m.
4. Place of Birth, (Street and Number) 725 Hanover Av
5. Full Name of Mother, Virginia C. Walker
6. Mother's Maiden Name, Virginia C. Johnston
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Jno. F. Walker
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Welch

Address, 11 E. Fayette

Remarks, Baltimore Md

8970005109

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And Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85774

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25 1891
4. Place of Birth, (Street and Number) 1711 Patapsco st
5. Full Name of Mother, Katie Goebel
6. Mother's Maiden Name, Schneider
7. Mother's Birthplace, Germany
8. Full Name of Father, John Goebel
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 Fort ave

Remarks,

8 9 7 0 0 0 5 1 1 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85075

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | | |
|---|---|---|
| | *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. | *Sex, (state whether male or female)* | Male |
| 2. | *Race or Color, (if not of the white race)* | White |
| 3. | *Date of Birth,* | Aug. 25th 1897. |
| 4. | *Place of Birth, (Street and Number)* | 2641 Boone St. |
| 5. | *Full Name of Mother,* | Maggie Louisa Ament Bormann |
| 6. | *Mother's Maiden Name,* | |
| 7. | *Mother's Birthplace,* | Balto. |
| 8. | *Full Name of Father,* | John Ament |
| 9. | *Father's Occupation,* | Clerk |
| 10. | *Father's Birthplace,* | Ellicott City |
| | *Name of Medical Attendant,* or other person who makes this Return, | Chas. Vatterschiedt M.D. |
| | *Address,* | 1208 N. North Ave. |
| | *Remarks,* | |

8970005111

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236.]

# RETURN OF A BIRTH. 85076

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Wednesday August 25 1897
4. Place of Birth, (Street and Number) 535 Walnut Alley
5. Full Name of Mother, Annie Dailey
6. Mother's Maiden Name, Annie Connieley.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Louis C Dailey.
9. Father's Occupation Teamster.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Anne Nilson

Address, 637 Walnut alley.

Remarks, Baltimore Md.

8 7 0 0 0 5 1 1 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 85077

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second child |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Colored |
| 3. Date of Birth, | Aug. 25th 1897 |
| 4. Place of Birth, (Street and Number) | Md. Hosp. Hospital |
| 5. Full Name of Mother, | Mary Hayden |
| 6. Mother's Maiden Name, | " |
| 7. Mother's Birthplace, | Balto. |
| 8. Full Name of Father, | Unknown |
| 9. Father's Occupation | " |
| 10. Father's Birthplace, | " |
| Name of Medical Attendant, or other person who makes this Return, | Henry Chandler M.D. |
| Address, | Md Hosp. Hospital |
| Remarks, | |

8970005113

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85078

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, 26th aug 1897.
4. Place of Birth, (Street and Number) 909 Parkhall -
5. Full Name of Mother, Susie Strand
6. Mother's Maiden Name, Susie Crowsen
7. Mother's Birthplace, Acassas Va
8. Full Name of Father, William Strand
9. Father's Occupation Farmer
10. Father's Birthplace, Acassas Va

Name of Medical Attendant, or other person who makes this Return, Oliver Shower Eberhart Md.

Address, 1122 N. Mount st. Maryland Home Hospital -

Remarks,

8970005114

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...the same can be ascertained) the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85079

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 26th 1897
4. *Place of Birth, (Street and Number)* 1209 N. Spring Street
5. *Full Name of Mother,* Mary Chaney
6. *Mother's Maiden Name,* Mary Veals
7. *Mother's Birthplace,* Rockingham County Va
8. *Full Name of Father,* Richard Chaney
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Montgomery County Md.

*Name of Medical Attendant,* or other person who makes this Return. Physician Blundell

*Address,* 921 McDonough Street

*Remarks,*

8970005115

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...born, and shall set forth as far as the same can be ascertained the full name of each child. (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1236]

# RETURN OF A BIRTH. 85080

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* first child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th day August 1897
4. *Place of Birth, (Street and Number)* No 1106 S. Hanover st Balto Md
5. *Full Name of Mother,* Mary Eliza Dew
6. *Mother's Maiden Name,* Mary Eliza Turner
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Wesley Jabez Dew
9. *Father's Occupation* Machinest
10. *Father's Birthplace,* Baltimore Maryland

*Name of Medical Attendant,* or other person who makes this Return, Dr. [illegible]

*Address,* 711 W. Lombard St

*Remarks,*

8970005116

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH. 85051

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Baltimore Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th August
4. *Place of Birth, (Street and Number)* 112½ Hanover st
5. *Full Name of Mother,* Mrs Ida Louise Garrick
6. *Mother's Maiden Name,* Mrs Ida " Hickman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Garrick
9. *Father's Occupation* Sailsman
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs L Bangel

*Address,* 711 N Broadway

*Remarks,*

8970005117

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 85082

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th August
4. Place of Birth, (Street and Number) 934 E. Pratt St.
5. Full Name of Mother, Sarah Hutchinson
6. Mother's Maiden Name, Sarah Hill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Solomon Hutchinson
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Eva Barge

Address, 714 Aisquith St.

Remarks,

8970005118

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85083

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 27th of Aug 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md # 1412 Ins Ave |
| 5. *Full Name of Mother,* | Lillie M Childs. |
| 6. *Mother's Maiden Name,* | " " Lockwood |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Joseph Samuel Childs |
| 9. *Father's Occupation,* | Painter. |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Mary Kraning. |
| *Address,* | # 414 S Stricker St. Baltimore Md. |
| *Remarks,* | Mother and Child are doing well. |

8970005119

Wm J C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85084

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 of Aug 1897
4. Place of Birth, (Street and Number) 704 East Monument
5. Full Name of Mother, Mary Moylan
6. Mother's Maiden Name, Mary Lynch
7. Mother's Birthplace, New York
8. Full Name of Father, John J. Moylan
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Jno H. Lauer
Address, 1059 Harford Ave
Remarks, Born Dead
1897

8970005120

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 85085

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White Child.
3. *Date of Birth,* 25th of August.
4. *Place of Birth, (Street and Number)* 117 Tinsley St.
5. *Full Name of Mother,* Emma Rebecka Scheckells
6. *Mother's Maiden Name,* Emma Coleman.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John W. A. Scheckells.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other person who makes this Return, Wm. Parker

*Address,* 711 N. Broadway

*Remarks,*

8970005121

Wm. J. C. Dulany Co., City Printers and Stationers.

...name and occupation of its parents, the date and place of birth; and the ...signed by the practitioner in the form of a certificate between the first and ...the office of the Commissioner of Health. In case the birth of any child ...a physician or practioner of midwifery, or should no other person be in ...tely thereafter it shall become the duty of the person or parents of such ...ioner of Health, in the manner and within the period above required, and ...hereafter fail to comply with the provisions of this section shall be sub- ...each offence, to be recovered as other fines and forfeitures are recoverable.

...been conferred) its sex, color, the full name of ... said schedule shall be delivered, duly signed by ... third day of each and every month to the office ... shall occur without the attendance of a physic... attendance upon the mother, immediately ther... child to report its birth to the Commissioner of ... any such person or persons who shall hereafter ... jected to the fine of ten (10) dollars for each offe...

# RETURN OF A BIRTH. 85086

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 29th |
| 4. *Place of Birth, (Street and Number)* | 1354 N Stricker St |
| 5. *Full Name of Mother,* | Budis Gregorious |
| 6. *Mother's Maiden Name,* | " Eisman |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Gregorious |
| 9. *Father's Occupation,* | Gardener |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Geo W Norris M D |
| *Address,* | 1571 Presstman St |
| *Remarks,* | |

8970005122

Wm J C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practitioner of midwifery, or should no other person be in
thereafter it shall become the duty of the person or parents of such
r of Health, in the manner and within the period above required, and
eafter fail to comply with the provisions of this section shall be sub-
offence, to be recovered as other fines and forfeitures are recoverable

third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereaf
child to report its birth to the Commissioner of He
any such person or persons who shall hereafter fa
jected to the fine of ten (10) dollars for each offence,

1236.]

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85087

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 1st child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* August 28th 1897
4. *Place of Birth,* (*Street and Number*) 1324 Wood Ave
5. *Full Name of Mother,* Ellen Jackson
6. *Mother's Maiden Name,* Ellen Pinkney
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Richard Jackson
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Richmond Va.

*Name of Medical Attendant,* or other person who makes this Return Mary Mosley

*Address,* 1809 Lorman Ave

*Remarks,*

8970005123

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85088

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| ld of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| tate whether male or female) | Male |
| r Color, (if not of the white race) | White |
| f Birth, | August 29th |
| f Birth, (Street and Number) | 1812 Bradish ave |
| Name of Mother, | Maggie Carmichael |
| 's Maiden Name, | Lorr-enson |
| 's Birthplace, | Denmark |
| ame of Father, | Chas Carmichael |
| 's Occupation, | Butcher & Grocer |
| s Birthplace, | Baltimore |
| f Medical Attendant, or other person who makes this Return. | Geo W Norris M.D. 1501 Presbina |
| s, | |
| s, | |

8970005124

Printers and Stationers.

# RETURN OF A BIRTH. 85089

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 12, 1897
4. *Place of Birth, (Street and Number)* 2007 Madison ave -
5. *Full Name of Mother,* Dorothy Hoskins
6. *Mother's Maiden Name,* " Belknap -
7. *Mother's Birthplace,* Philadelphia, Pa -
8. *Full Name of Father,* Chas. Hoskins
9. *Father's Occupation* Clerk -
10. *Father's Birthplace,* Baltimore, Md

*Name of Medical Attendant,* or other person who makes this Return, C. Edward Lauer, M.D.

*Address,* 857 N. Eutaw

*Remarks,*

8970005125

Wm. J. C. Dulany Co., City Printers and Stationers.

...pation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...he Commissioner of Health. In case the birth of any child ...practioner of midwifery, or should no other person be in ...it shall become the duty of the person or parents of such ..., in the manner and within the period above required, and ...comply with the provisions of this section shall be sub- ...be recovered as other fines and forfeitures are recoverable.

...said schedule shall be delivered, duly signed by the practitioner ... third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practitioner ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with ... Jected to the fine of ten ($10) dollars for each offence, to be recovered ...

FORM 1236.]

# RETURN OF A BIRTH. 80090

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 14, 1894
4. Place of Birth, (Street and Number) 801 E Fayette St
5. Full Name of Mother, Ida Feedler
6. Mother's Maiden Name, Greenbaum
7. Mother's Birthplace, Poland
8. Full Name of Father, Morris B. Feedler
9. Father's Occupation Cloak. maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, H. Feedler M.D.

Address, 143. N. Front St

Remarks,

8 9 7 0 0 0 5 1 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. No 091

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Aug 22, 1897
4. Place of Birth, (Street and Number) 1411 Glen Edward av
5. Full Name of Mother, Daily
6. Mother's Maiden Name,
7. Mother's Birthplace, Ireland ?
8. Full Name of Father, William Daily
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. Edward Lowry MD

Address, 837 N Eutaw st

Remarks, Breech — the 5th in succession

8970005127

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85092

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 24/97
4. Place of Birth, (Street and Number) 1033 N. Eden St
5. Full Name of Mother, Augusta Kennedy
6. Mother's Maiden Name, Augusta Hauf
7. Mother's Birthplace, Balto City
8. Full Name of Father, Charles E. Kennedy
9. Father's Occupation Fireman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E. McInerney M.D.

Address, 411 S. Stricker St

Remarks, 8970005128

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

85093

# RETURN OF A BIRTH. 85

85093

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Aug 24, 1897 |
| 4. *Place of Birth, (Street and Number)* | 323 W. Biddle |
| 5. *Full Name of Mother,* | Lillian Norbeck Parsons |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | William Parsons |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant,* or other person who makes this Return, | O. Edward Janney |
| *Address,* | 837 N Eutaw St |
| *Remarks,* | |

8970005129

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[936.]

# RETURN OF A BIRTH. 85094

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 8. 1897

4. Place of Birth, (Street and Number) 1605 Watson st

5. Full Name of Mother, Lena Freedman

6. Mother's Maiden Name, Lena. Myer.

7. Mother's Birthplace, Russia

8. Full Name of Father, Bonie Freedman

9. Father's Occupation Shoe Maker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs C Scherman

Address, 42 Albemarle st

Remarks, City.

8970005130

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[236.]

# RETURN OF A BIRTH. 85-095

GIVEN NAME ADDED 3-8-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Belle Kramer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 8. 1897

4. Place of Birth, (Street and Number) 207 Harrison st.

5. Full Name of Mother, Hollie Krauser.

6. Mother's Maiden Name, Hollie ~~Elliott~~ Ellhorte

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob Krauser

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Kra E Scherman

Address, 42 Aisenzale st

Remarks, 8970005131 City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85096

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2: th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6. 97
4. Place of Birth, (Street and Number) 108 Gough St.
5. Full Name of Mother, Sarah F. Friedman
6. Mother's Maiden Name, Sarah Kramer.
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Friedman.
9. Father's Occupation Hebr. Teacher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Hy E Scherman

Address, 42 Albemarle st City.

Remarks,

8970005132

Wm. J. C. Dulany Co., City Printers and Stationers.

The parent or parents of every child born in the City of Baltimore shall cause the birth of such child to be registered with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and shall furnish such information as he may require, as far as the same can be ascertained, under his or her care during the said period. The physician, midwife or other person who shall have been in attendance upon the mother at the birth of any child shall, within ten days after such birth, report to the Registrar of Vital Statistics the full name of each child, if any, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child last born, and whether the first and only child, or twin, or triplet, or other plurality, and whether still born or alive at the time of making such report, which report shall be made in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236

# RETURN OF A BIRTH. 85 097

CERTIFICATE CORRECTED 8-1260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Agnes Irene Wunderlich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, August 7th 1894

4. Place of Birth, (Street and Number) 812 W. Fayette St

5. Full Name of Mother, ~~Frances~~ Elizabeth Wunderlich

6. Mother's Maiden Name, Frances Elizabeth Carrenger

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Louis Wunderlich

9. Father's Occupation, Confectioner

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return Joseph C. Wunderlich

Address, 1025 W. Fayette

Remarks, L. C. J. K

Wm. J. C. Dulany Co., City Printers and Stationers.

84700005133

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, (if any shall have been conferred) its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 13098

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 2 1897

4. Place of Birth, (Street and Number) 1008 E. Pratt st.

5. Full Name of Mother, Mary Levantall.

6. Mother's Maiden Name, Mary Hytovitch

7. Mother's Birthplace, Russia

8. Full Name of Father, Jake Levintall.

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Wm E. Schuman

Address, 42 Albemarle st

Remarks, City.

8970005134

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85099

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 8th 1897
4. Place of Birth, (Street and Number) 1019 Granby st.
5. Full Name of Mother, Marie Reptuna
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Albert Reptuna
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8970005135

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

# RETURN OF A BIRTH. 85-100

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5. 1897
4. *Place of Birth, (Street and Number)* 712 Harrison st.
5. *Full Name of Mother,* Lyia Rosenstein
6. *Mother's Maiden Name,* L. Goldman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lan. Rosenstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs E Schuman

*Address,* 42 Albemarle st

*Remarks,* City

8970005136

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85101

GIVEN NAME ADDED 7/26/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 9th 1877
4. Place of Birth, (Street and Number) 10 S. High st.
5. Full Name of Mother, Rebecca Heyman
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Herth Heyman
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Eden st.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6770005137

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-9-52

# RETURN OF A BIRTH. 85102

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name: Henry ~~Louis~~ Fowler

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Aug- 11/97
4. *Place of Birth, (Street and Number)* 2 Druid Hill Ave.
5. *Full Name of Mother,* Mrs Lewis J. Fowler
6. *Mother's Maiden Name,* Annie Serbel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lewis J. Fowler
9. *Father's Occupation* Mill business
10. *Father's Birthplace,* Balt. Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, C. Aufmuth M.D.

*Address,* 2537 Penna Ave.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

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*Name can be ascertained. The full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

# RETURN OF A BIRTH. 85703

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 11th 1897
4. *Place of Birth, (Street and Number)* 408 S. Bond st.
5. *Full Name of Mother,* Goldie Hack
6. *Mother's Maiden Name,* Wolpert
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Hack
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

*Name of Medical Attendant,* or other person who makes this Return, Mrs. C. Bernstein

*Address,* 122 S. Exeter st.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

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Note. The Statute shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Medicine or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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pation of its parents, the date and place of birth; and the
practitioner in the form of a certificate between the first and
he Commissioner of Health. In case the birth of any child
practioner of midwifery, or should no other person be in
it shall become the duty of the person or parents of such
, in the manner and within the period above required, and
comply with the provisions of this section shall be sub-
be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of each child, if any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85104

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6. Th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August. 14. 1897
4. *Place of Birth, (Street and Number)* 1177 E. Lombard St.
5. *Full Name of Mother,* Fanie Schere.
6. *Mother's Maiden Name,* Fanie Bonestein.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Schere
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Rose E Scherman

*Address,* 42 Aliceanna St

*Remarks,* City.

8970005140

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 85105

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 7th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 15. 1897

4. Place of Birth, (Street and Number) 1018 Loudoun st.

5. Full Name of Mother, Fannie Goldman.

6. Mother's Maiden Name, Fannie Solmonovitch

7. Mother's Birthplace, Russia

8. Full Name of Father, Lewis Goldman.

9. Father's Occupation Tailor.

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Hy E Schemm

Address, 42 Albemarle st

Remarks, City.

8970005141

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 9/28/73

# RETURN OF A BIRTH. 85706

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beulah Desta Carwithen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Aug 17 97
4. Place of Birth, (Street and Number) 2011 Clifton St.
5. Full Name of Mother, Mrs Wm Carwithen
6. Mother's Maiden Name, Jessie C Bonell
7. Mother's Birthplace, Wisconsin
8. Full Name of Father, Wm Carwithen
9. Father's Occupation Horse shoer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, E A Guild M.D.

Address, 2531 Penna. Ave

Remarks, Filed 8/1897

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85107

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Aug. 17/97

4. Place of Birth, (Street and Number) Liberty Road.

5. Full Name of Mother, Mrs Richard Tillman

6. Mother's Maiden Name, Emma Johnson Jordan

7. Mother's Birthplace, Md.

8. Full Name of Father, Richard Tillman

9. Father's Occupation ~~Farmer~~ Boat Clapper

10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2581 Penna. Ave.

Remarks,

8 4 7 0 0 0 5 1 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 85108

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8. Th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, August. 8. 1897

4. Place of Birth, (Street and Number) 815 S. Caroline st

5. Full Name of Mother, Rose. Rosenbloom

6. Mother's Maiden Name, Rosie Shwatz.

7. Mother's Birthplace, Russia

8. Full Name of Father, Salymon Rosenbloom

9. Father's Occupation Cop. Baker.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rso E Schaman

Address, 42 Albemarle st

Remarks, City.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

1236 j

# RETURN OF A BIRTH. 85709

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 19. / 97
4. Place of Birth, (Street and Number) Md Homeo Hospital
5. Full Name of Mother, Clara Crouse
6. Mother's Maiden Name, Clara Crouse
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Calvin Hesler
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Geo. S Everhart MD.

Address, Md Homeo Hospital

Remarks,

8 4 7 0 0 0 5 1 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 85110

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) Fourth

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Aug. 17th 1894
4. *Place of Birth,* (*Street and Number*) 630 W. Lafayette ave.
5. *Full Name of Mother,* Annie G. Fowling
6. *Mother's Maiden Name,* " " Coffey
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* T. J. Fowling.
9. *Father's Occupation,* Balto. Co. Insp.
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other Person who makes this Return. Silas Hartman M.D.

*Address,* 700 Lafayette ave.

*Remarks,* Balto.

List of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85111

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Harry Scheinman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 19. 1897.

4. Place of Birth, (Street and Number) 142 Front St.

5. Full Name of Mother, Annie (Scheinc) Scheinman

6. Mother's Maiden Name, Annie (Klyvansky) Klavansky

7. Mother's Birthplace, Russia

8. Full Name of Father, Max (Scheinc) Scheinman

9. Father's Occupation Storekeeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Scherman

Address, 72 Albemarle St.

Remarks,

8 9 7 0 0 0 5 1 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every midwife, physician or practitioner in attendance upon any case of birth shall, within ten days after the birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 85712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Frances Katherine Marie 1st Sculley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 20th 1897
4. Place of Birth, (Street and Number) Myrtle Ave
5. Full Name of Mother, Mary Sculley
6. Mother's Maiden Name, Doyle
7. Mother's Birthplace, Md U.S.
8. Full Name of Father, Dennis Sculley
9. Father's Occupation, Reporter - Newspaper
10. Father's Birthplace, Baltimore Md U.S.

Name of Medical Attendant, or other Person who makes this Return Dr. Bell and

Address, 309 W. Hoffman St.

Remarks, CYPHER ERASED. H-30-53 h.711.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CO. CITY PRINTERS AND STATIONERS

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GIVEN NAME ADDED - 9/2/67

# RETURN OF A BIRTH. 85113

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: LENA HERMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 20 th 1897.
4. Place of Birth, (Street and Number) 9 Albemarle St
5. Full Name of Mother, Dora Hermann.
6. Mother's Maiden Name, Dora Schneider.
7. Mother's Birthplace, Russia
8. Full Name of Father, Isreal Hermann.
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Scherman.

Address, 42 Albemarle St

Remarks,

8970005149

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH 85114

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4 d

1. *Sex, (State whether male or female)* f Female

2. *Race or color, (if not of the white race)* color

3. *Date of Birth,* Aug 11 20

4. *Place of Birth, (Street and Number)* Dolphin st 563

5. *Full Name of Mother,* Mrs Maria C Rose

6. *Mother's Maiden Name,* Maria E Calder

7. *Mother's Birthplace,* Richmond Co Va

8. *Full Name of Father,* Charles H Rose

9. *Father's Occupation,* Laboring

10. *Father's Birthplace,* Ringgold Co Ga

*Name of Medical Attendant,* or other person who makes this Return. annie M Burton

*Address,* 563 Dolphin st

*Remarks,*

8 9 7 0 0 0 5 1 5 0

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ascertained the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 85115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NAME: ROSE MARIA ARMSTRONG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 22nd 1897
4. Place of Birth, (Street and Number) 1602 So. Sharp St.
5. Full Name of Mother. Rose Armstrong
6. Mother's Maiden Name. " Bull
7. Mother's Birthplace, Accomac Co. Virginia U.S.
8. Full Name of Father, Thomas Armstrong
9. Father's Occupation, Window Glass Business
10. Father's Birthplace. Maryland U.S.

Name of Medical Attendant, or other Person who makes this Return ~~L.A. Bell. M.D.~~

Address, 305 W Hoffman St

Remarks, GIVEN NAME ADDED 4/4/66

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

DULANY & CO., CITY PRINTERS AND STATIONERS

8970005151

# RETURN OF A BIRTH. 85116

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | Wht. |
| 3. Date of Birth, | Aug 23/97 |
| 4. Place of Birth, (Street and Number) | 1354 N. North Ave. |
| 5. Full Name of Mother, | Mrs Oliver F. Miller |
| 6. Mother's Maiden Name, | Beulah London |
| 7. Mother's Birthplace, | Balto. Md. |
| 8. Full Name of Father, | Oliver F. Miller |
| 9. Father's Occupation | Home Store |
| 10. Father's Birthplace, | Carroll Co. Md. |
| Name of Medical Attendant, or other person who makes this Return, | E. A. Smith M.D. |
| Address, | 2531 Penna. Ave |
| Remarks, | |

**Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately or thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005152

# RETURN OF A BIRTH. 85117

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Benjamin Gorfine 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 23rd 1897
4. Place of Birth, (Street and Number) 1405 E. Pratt st.
5. Full Name of Mother, Celia Gorfine
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Solomon Gorfine
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st

Remarks, GIVEN NAME ADDED 8-12-54

Y 0005157

Wm. J. C... Co., City Printers and Stationers.

...register of such birth, and shall enter the same on blank schedules to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained under his or her care during the month, inferred, its sex, color, the full name of each child, if any shall have been conferred, the date and place of birth; and the said schedule shall be delivered, with the full name of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and third day of each and every month thereafter, in the manner and within the time aforesaid, the date and place of birth of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and shall occur upon the form of Health. In case no other parents of such child to report its birth within the period above required, and attendance, it shall become the duty of the physician or practitioner in midwifery, or other person who shall have been in attendance, within the period above required, and any such person who shall neglect or refuse to make such report, as in this section shall be required, shall become subject to the penalties and forfeitures hereinafter provided. This schedule shall contain a list of the births which have occurred since the date of the last preceding return, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall set forth as far as the same can be ascertained under his or her care during the month, inferred, its sex, color, the full name of each child, if any shall have been conferred, the date and place of birth; and the said schedule shall be delivered, with the full name of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and third day of each and every month thereafter, in the manner and within the time aforesaid, the date and place of birth of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and shall occur upon the form of Health. In case no other parents of such child to report its birth within the period above required, and attendance, it shall become the duty of the physician or practitioner in midwifery, or other person who shall have been in attendance, within the period above required, and any such person who shall neglect or refuse to make such report, as in this section shall be required, shall become subject to the penalties and forfeitures hereinafter provided. This schedule shall contain a list of the births which have occurred since the date of the last preceding return, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall set forth as far as the same can be ascertained under his or her care during the month, inferred, its sex, color, the full name of each child, if any shall have been conferred, the date and place of birth; and the said schedule shall be delivered, with the full name of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and third day of each and every month thereafter, in the manner and within the time aforesaid, the date and place of birth of each child born alive, and every notice of a physician or practitioner in midwifery, of the period above required, and shall occur upon the form of Health. In case no other parents of such child to report its birth within the period above required, and attendance, it shall become the duty of the physician or practitioner in midwifery, or other person who shall have been in attendance, within the period above required, and any such person who shall neglect or refuse to make such report, as in this section shall be required, shall become subject to the penalties and forfeitures hereinafter provided.

FORM 1236J

# RETURN OF A BIRTH. 85118

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Aug 29/97
4. Place of Birth, (Street and Number) Md Homeo Hospital
5. Full Name of Mother, Rosa Abner
6. Mother's Maiden Name, Rosa Abner
7. Mother's Birthplace, Montgomery Co
8. Full Name of Father, Stanley Smith
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Alvin Shower Eutaw St.

Address, Md Homeo Hospital

Remarks,

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970005154

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RM 1236.]

# RETURN OF A BIRTH. 85119

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, 24th August 1897

4. Place of Birth, (Street and Number) No 1445 Vincent st L. P.

5. Full Name of Mother, Ireo Scherer

6. Mother's Maiden Name, " Malden

7. Mother's Birthplace, West Virginia

8. Full Name of Father, Henry Scherer

9. Father's Occupation Soldier

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffer

Address, No 1708 E Fort Ave L. P.

Remarks,

8970005155

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of said birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85120

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 30/97 |
| 4. *Place of Birth, (Street and Number)* | 2502 Salem Ave |
| 5. *Full Name of Mother,* | Mrs Robert Glen |
| 6. *Mother's Maiden Name,* | Miss Annie Diamond |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Robert Glen |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Emanuel M.D. |
| *Address,* | 2531 Penna. Ave. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005156

Form 1236.]

# RETURN OF A BIRTH. 82121

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 24, 1897
4. Place of Birth, (Street and Number) Germans Lane
5. Full Name of Mother, Emma Watts
6. Mother's Maiden Name, " " Gray Ward
7. Mother's Birthplace, York
8. Full Name of Father, Joe Watts
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, # 8 Talbot St Waverly

Remarks, Well

8970005157

Failure to keep register. Any person whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85/22

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Dora Braxton
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, P. Latané, M.D.

Address, 622 W. Lombard St

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005158

# RETURN OF A BIRTH. 85/23

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4, 1897.
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Mamie Price
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, S. P. Lafané M.D.

Address, 622 W. Lombard St.

Remarks,

8970005159

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty, of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-124

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Mary Taylor
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. P. Salané M.D.

Address, 622 W. Lombard St

Remarks,

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005160

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85125

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 1, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Kate Savage
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* ~~or other person who makes this Return.~~ A. P. Latané M.D.

*Address,* 622 W. Lombard St

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005161

# RETURN OF A BIRTH. 85126

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 2, 1897
4. Place of Birth, (Street and Number) 1013 Watson St.
5. Full Name of Mother, Dora Crawford
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. P. Latané

Address, 622 W. Lombard St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005162

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85127

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 3rd 1897
4. Place of Birth, (Street and Number) 716 Sarah Ann St
5. Full Name of Mother, Betty Pollard
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Labane

Address, 622 W. Lombard

Remarks,

8970005163

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85/28

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 5, 1897
4. Place of Birth, (Street and Number) 603 Reese's Al.
5. Full Name of Mother, Francis Randolph
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. O. Latané M.D.

Address, 622 W. Lombard St

Remarks,

8470005164

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85129

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 6 1897
4. *Place of Birth, (Street and Number)* 638 Peach Alley
5. *Full Name of Mother,* Mary Campbell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return S. P. Latanéville

*Address,* 622 W. Lombard St

*Remarks,*

8470005165

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85730

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 6, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Hattie Campbell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J. P. Salané M.D.

*Address,* 622 W. Lombard St

*Remarks,*

8970005166

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Registrar of Vital Statistics, Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85131

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 6, 1897
4. Place of Birth, (Street and Number) 15-20 Pine St
5. Full Name of Mother, Blanche Green
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latane

Address, 622 W. Lombard St

Remarks,

8770005167

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-132

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 8, 1897
4. Place of Birth, (Street and Number) 811 Peach Alley
5. Full Name of Mother, Rosa Broome
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latane

Address, 622 N. Lombard St.

Remarks,

8970005168

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-133

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 6, 1897
4. *Place of Birth, (Street and Number)* 773 W. Fratt St
5. *Full Name of Mother,* Minnie Mitchel
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return J. P. Labaré M.D.

*Address,* 622 W. Lombard St

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

84700005169

Register of such births and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85134

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 9, 1897
4. Place of Birth, (Street and Number) 223 Vincent St
5. Full Name of Mother, Margaret Brook
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. P. Lalane M.D.

Address, 6224 W. Lombard St

Remarks,

8970005170

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85135

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1 & 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, July 12, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Nellie Thornton
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lalané M.D.

Address, 622 W. Lombard St

Remarks,

8 7 7 0 0 8 5 1 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, or other person who shall attend upon any birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the date and place of birth, and the name and occupation of its parents, the date and place of birth of each child born alive, the full name of each child, if any, shall have been conferred, its sex, color, the full

# RETURN OF A BIRTH. 85136

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Twins - Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 16, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Mary Budd
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. P. Salané M.D.

Address, 622 W. Lombard St.

Remarks,

8770005172

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85137

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 19, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Katie Kearney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J. P. Latané, M.D.

*Address,* 622 W. Lombard St.

*Remarks,*

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 5 1 7 3

# RETURN OF A BIRTH. 85-138

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 622 W. Lombard St.
4. Place of Birth, (Street and Number) Aug. 20, 1897
5. Full Name of Mother, Rosa Hoffman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. P. Lalané M.D.

Address, 622 W. Lombard St

Remarks,

8470005174

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 88139

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Aug. 20, 1897
4. Place of Birth, (Street and Number) 222 Dawson St
5. Full Name of Mother, Lizzie Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latane M.D.

Address, 622 W. Lombard St.

Remarks,

8970005175

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. And be it further enacted, that the same or blank schedule, to be furnished by the Commissioner of Health, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85140

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Aug. 23, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Martha Holmes
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M.D.

Address, 622 W. Lombard St

Remarks,

8 4 7 0 0 0 5 1 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

registry of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85141

CERTIFICATE CORRECTED 11-19-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Myrtle VanWyck~~ Lewis

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3rd |
| 1. Sex, (state whether male or female) | female |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | Aug. 28, 1897 |
| 4. Place of Birth, (Street and Number) | 600 W. Lombard St. |
| 5. Full Name of Mother, | Mrs. Joseph Lewis |
| 6. Mother's Maiden Name, | Mary C. Freeman |
| 7. Mother's Birthplace, | Baltimore Md. |
| 8. Full Name of Father, | Joseph H. Lewis |
| 9. Father's Occupation | Salesman |
| 10. Father's Birthplace, | Baltimore, Md. |
| Name of Medical Attendant, or other person who makes this Return, | [illegible] Falanie M.D. |
| Address, | 622 W. Lombard St. |
| Remarks, | |

register of such birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005177

# RETURN OF A BIRTH. 85142

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 21, 1897
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Lucy Vessels
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. P. Lalané M.D.

Address, 622 W. Lombard St

Remarks,

8470005178

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be required, and child to report its birth to the Commissioner of Health, in the manner and within the period above the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 05143

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Aug. 22, 1897

4. Place of Birth, (Street and Number) 902 Lombard St

5. Full Name of Mother, Stella Robinson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Labant M.D.

Address, 622 W. Lombard St.

Remarks,

84700005179

Wm. J. C. Dulany Co., City Printers and Stationers.

Regulations. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time required, and hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85144

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 23/1897
4. Place of Birth, (Street and Number) 26 E. Hill St
5. Full Name of Mother, Sarah Sullivan
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, L. P. Lalane M.D.

Address, 622 W. Lombard St

Remarks,

8970005180

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85145

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 23, 1897
4. Place of Birth, (Street and Number) 818 Plum Al
5. Full Name of Mother, Octavia Reeve
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lalane M.D.

Address, 622 W. Lombard St

Remarks,

8970005181

Wm. J. C. Dulany Co., City Printers and Stationers.

Eighteen hours, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85146

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 24, 1897
4. Place of Birth, (Street and Number) 26 E. Hill St
5. Full Name of Mother, Annie Sullivan
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Latané M.D.

Address, 622 W. Lombard St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005102

# RETURN OF A BIRTH. 85147

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 25, 1897
4. Place of Birth, (Street and Number) 711 W. Mulberry St
5. Full Name of Mother, Sarah Dial
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Falanè M.D.

Address, 622 W. Lombard St

Remarks,

Register of Births, and shall enter the same on blank schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005183

# RETURN OF A BIRTH. 85148

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 25, 1897
4. Place of Birth, (Street and Number) 16 Bruce St
5. Full Name of Mother, Gertrude Watkins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. Labaré M.D.

Address, 622 N. Lombard St

Remarks,

8470005184

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of each birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85149

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 26, 1897

4. Place of Birth, (Street and Number) 204 Dawson St

5. Full Name of Mother, Emma White

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. P. Lalane M.D

Address, 622 W. Lombard St

Remarks,

8 9 7 0 0 0 5 1 8 5

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance at its birth to the Commissioner of Health, in the manner and within the period above required, and child to report it hereafter it shall become the duty of the person or parents of such child to report it hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85150

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 28, 1897
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Annie White
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, J. P. Lalané M.D.

*Address,* 622 W. Lombard St.

*Remarks,*

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005186

# RETURN OF A BIRTH. 85151

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such births and shall enter the same on such register, and shall make a return to the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 29th 1897
4. Place of Birth, (Street and Number) 601 Little Paca St
5. Full Name of Mother, Kate Katchwick
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, A. P. Labaré M.D.

Address, 622 W. Lombard St

Remarks,

8470005187

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85152

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5 1892
4. *Place of Birth, (Street and Number)* In 1903 Crystal ave.
5. *Full Name of Mother,* Minnie Goetz
6. *Mother's Maiden Name,* Minnie Meadel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Goetz
9. *Father's Occupation* Stove & Furnace Repairer
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Geo A. Elsewell M.D.

*Address,* 1241 Harford ave

*Remarks,*

84700005188

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 85153

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9 1892.
4. *Place of Birth, (Street and Number)* No. 1215 Hillsdale Ave
5. *Full Name of Mother,* Emma L Conrad.
6. *Mother's Maiden Name,* Emma L Nolte
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry J Conrad.
9. *Father's Occupation* Cabinet Maker.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Geo R Blackwell M D

*Address,* 1241 Harford Ave

*Remarks,*

8970005189

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85154

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)* .....

1. *Sex, (state whether ~~male~~ or female)* .....
2. *Race or Color, (~~if not of the white race~~)* .....
3. *Date of Birth,* .....
4. *Place of Birth, (Street and Number)* .....
5. *Full Name of Mother,* .....
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* .....
8. *Full Name of Father,* .....
9. *Father's Occupation* .....
10. *Father's Birthplace,* .....

*Name of Medical Attendant,* or other person who makes this Return, .....

*Address,* .....

*Remarks,* .....

8 4 7 0 0 0 5 1 9 0

Baltimore under whose charge or superintendence such birth occurred, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1336]

# RETURN OF A BIRTH. 85755

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 9 1897
4. Place of Birth, (Street and Number) 112 Stiles St
5. Full Name of Mother, Anna Swanson
6. Mother's Maiden Name, Anna Ruris
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Swanson
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas L. Swanson

Address, 124 S. Caton Ave

Remarks,

8970005191

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 7.—Every physician or midwife practicing in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236

# RETURN OF A BIRTH. 85756

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 11. 1897 |
| 4. *Place of Birth, (Street and Number)* | 704 Robinson St. |
| 5. *Full Name of Mother,* | Mary Constine |
| 6. *Mother's Maiden Name,* | Mary Smedley |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Constine |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas L Simpson |
| *Address,* | 824 S Caton Ave. |
| *Remarks,* | |

8 9 7 0 0 0 5 1 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

SECTION 7.—Any midwife practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practioner it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

GIVEN NAME ADDED 3-7-58

# RETURN OF A BIRTH. 85154

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George O. ~~Smith~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12, 1892.
4. Place of Birth, (Street and Number) No. 324 E. Hoffman Bigh'n ave.
5. Full Name of Mother, Florence Smith
6. Mother's Maiden Name, Florence Brown
7. Mother's Birthplace, England.
8. Full Name of Father, Wm. H. Smith
9. Father's Occupation Letter Carrier
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Clendell M.D.

Address, 1241 Hanford ave

Remarks,

8970005193

Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 85158

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 12 - 97
4. Place of Birth, (Street and Number) 2121 Keyser St
5. Full Name of Mother, Annie Marriott
6. Mother's Maiden Name, " Bellman
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm E. Marriott
9. Father's Occupation Bricklayer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

8970005194

register of such birth, and shall enter the same On blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

# RETURN OF A BIRTH. 85159

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 13, 1897 |
| 4. *Place of Birth, (Street and Number)* | 1104 Chesapeake St. |
| 5. *Full Name of Mother,* | Anna Jones |
| 6. *Mother's Maiden Name,* | Anna Koelsch |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | James Jones |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Isaac L. Emerson |
| *Address,* | 224 S. Canton St. |
| *Remarks,* | |

8970005195

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 85160

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 13 1897 |
| 4. *Place of Birth, (Street and Number)* | 2429 Foster Ave. |
| 5. *Full Name of Mother,* | Bertha Gedzins |
| 6. *Mother's Maiden Name,* | Bertha Kunert |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | George Gedzins |
| 9. *Father's Occupation* | Plumber |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return. | Mary E Downes |
| *Address,* | 824 S Canton Av. |
| *Remarks,* | |

8970005196

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 86161

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 3.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Male & Female (twins) |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | August 14 1897 |
| 4. *Place of Birth, (Street and Number)* | 2418 Eutaw Ave. |
| 5. *Full Name of Mother,* | Sophia Kenor |
| 6. *Mother's Maiden Name,* | Sophia Boyles |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | John Kenor |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | [illegible] |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas L Lemmon |
| *Address,* | 824 S Carlton St. |
| *Remarks,* | |

8970005197

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 85762

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Aug 14 97 |
| 4. *Place of Birth, (Street and Number)* | 1703 E Madison |
| 5. *Full Name of Mother,* | Hattie C. Burton |
| 6. *Mother's Maiden Name,* | " " Steinert |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Anthony L. ~~Steinert~~ Burton |
| 9. *Father's Occupation* | Dairyman |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary A. Allwell |
| *Address,* | 1432 N. Bond St |
| *Remarks,* | |

1 8 9 7 0 0 0 5 1 9 8

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[Form 1336]

# RETURN OF A BIRTH. 85163

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And it is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred, duly signed by the practitioner in the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 17, 1897 |
| 4. *Place of Birth, (Street and Number)* | 914 E Chesapeake |
| 5. *Full Name of Mother,* | Amelia Lauer |
| 6. *Mother's Maiden Name,* | Amelia Herrlich |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Conrad Lauer |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Mary L Swayne |
| *Address,* | 824 E Eastern Ave |
| *Remarks,* | |

8970005199

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 85164

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19, 1893.
4. Place of Birth, (Street and Number) No. 1204 E. Fayette ave
5. Full Name of Mother, Roberta Moran
6. Mother's Maiden Name, Roberta King.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Joseph Moran
9. Father's Occupation Engineer
10. Father's Birthplace, England.

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell, M.D.

Address, 1741 Hartford ave.

Remarks,

1 8 9 7 0 0 0 5 2 0 0

Every midwife or other person who shall hereafter take charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85765

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 7 0 0 0 5 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85166

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th. |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 20, 1897 |
| 4. *Place of Birth, (Street and Number)* | 718 Rose St. |
| 5. *Full Name of Mother,* | Maggie White |
| 6. *Mother's Maiden Name,* | Maggie Rose |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Frank White |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | England |
| *Name of Medical Attendant,* or other person who makes this Return, | Harry L. Traynor |
| *Address,* | 824 S. Canton Av. |
| *Remarks,* | |

8970005202

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-167

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored. |
| 3. *Date of Birth,* | August 21 1897 |
| 4. *Place of Birth, (Street and Number)* | 1604 Fairmount Avenue. |
| 5. *Full Name of Mother,* | Mrs Elsora Milburn |
| 6. *Mother's Maiden Name,* | Miss " Taylor |
| 7. *Mother's Birthplace,* | Baltimore. |
| 8. *Full Name of Father,* | J. W. Milburn |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Deals Island Somerset Co. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Cordelia Howard |
| *Address,* | 1015 N. Chapel st |
| *Remarks,* | |

8970005203

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

Any person under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 25168

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22, 1892.
4. *Place of Birth, (Street and Number)* No. 439 E. Twenty-fifth Street
5. *Full Name of Mother,* Annie Holmes.
6. *Mother's Maiden Name,* Annie Bacon.
7. *Mother's Birthplace,* England.
8. *Full Name of Father,* George Holmes.
9. *Father's Occupation* Tea Dealer.
10. *Father's Birthplace,* Maryland.

*Name of Medical Attendant,* or other person who makes this Return, Wm. A. Blewett, M.D.

*Address,* 1241 Hanford ave.

*Remarks,*

8970005204

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85169

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White - American
3. Date of Birth, August 2nd. 1897
4. Place of Birth, (Street and Number) 113 N. Lombard - M. G. A.
5. Full Name of Mother, Florence Ward
6. Mother's Maiden Name, Florence Ward
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. L. Daugton.

Address, 115 N. Lombard.

Remarks,

8770005205

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85170

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* | 2nd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 8-5-17 |
| 4. *Place of Birth, (Street and Number)* | 115 N. Lombard M.R.A. |
| 5. *Full Name of Mother,* | Lillie Thomas |
| 6. *Mother's Maiden Name,* | Lillie Thomas |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Unknown |
| 9. *Father's Occupation* | Unknown |
| 10. *Father's Birthplace,* | Unknown |
| *Name of Medical Attendant,* or other person who makes this Return, | E. C. Baynton M.D. |
| *Address,* | 115 N. Lombard |
| *Remarks,* | |

8970005206

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85171

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 6th 1897
4. Place of Birth, (Street and Number) 115 N. Lombard - M. C. A.
5. Full Name of Mother, Mary Grayson
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, E. Bayyatt, M.D. 115 N. Lombard

Address, .....

Remarks, .....

8970005207

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85172

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 7th. 1897
4. Place of Birth, (Street and Number) 615 N. Lombard Maryland lying-in asylum
5. Full Name of Mother, Della Banks
6. Mother's Maiden Name, Della Banks
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Gaynor Jr. M.D.

Address, 115 N. Lombard.

Remarks,

8970005208

Wm. J. C. Dulany Co., City Printers and Stationers.

The father of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85173

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 18. 1877 |
| 4. *Place of Birth, (Street and Number)* | St Vincents Infant Asylum |
| 5. *Full Name of Mother,* | Lottie Cain |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | not known |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | A. Le. Resin M. D. |
| *Address,* | 807 N. Eutaw |
| *Remarks,* | |

8970005209

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85174

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White American
3. *Date of Birth,* August 18th 1897
4. *Place of Birth, (Street and Number)* 115 N Lombard M.D.A.
5. *Full Name of Mother,* Nonnie Wagner
6. *Mother's Maiden Name,* Nonnie Wagner
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

*Name of Medical Attendant, or other person who makes this Return,* E. Boynton M.D.

*Address,* 115 N Lombard St

*Remarks,*

8970005210

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85175

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White - German
3. Date of Birth, August 19th, 1897
4. Place of Birth, (Street and Number) 115 N. Lombard, M. L. A.
5. Full Name of Mother, Kate Belcher
6. Mother's Maiden Name, "
7. Mother's Birthplace, Germany
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. L. Boynton

Address, 115 N. Lombard

Remarks,

8970005211

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85177

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 25th. 97
4. Place of Birth, (Street and Number) Maternité 185 W. Lombard
5. Full Name of Mother, Mary Fenton
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. L. Boughton M.D.

Address, 115 W. Lombard

Remarks,

8470005212

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85178

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 2d 1897
4. Place of Birth, (Street and Number) 119 N. Lombard M. D. A.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Baynton

Address, 115 N. Lombard

Remarks,

8970005213

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85779

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 26. 1877 |
| 4. *Place of Birth, (Street and Number)* | St. Vincents Infant Asylum |
| 5. *Full Name of Mother,* | Ladie Johnson |
| 6. *Mother's Maiden Name,* | " |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Not known |
| 9. *Father's Occupation* | |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant,* or other person who makes this Return, | A. le. Resin M. D. |
| *Address,* | 809 N. Eutaw |
| *Remarks,* | |

8 9 7 0 0 0 5 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish to the Registrar of each district a sufficient number of blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of

# RETURN OF A BIRTH. 85180

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 26th 1897
4. Place of Birth, (Street and Number) 115 N. Lombard M. L. A.
5. Full Name of Mother, Julia Brown
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D. 115 N. Lombard

Address,

Remarks,

8970005215

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and third day of each and every month to the Commissioner of Health, in the manner and within the provisions of this section shall be subshall occur without the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85181

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White - American
3. Date of Birth, August 31st 1897
4. Place of Birth, (Street and Number) 112 W. Lombard - M. L. A.
5. Full Name of Mother, Mollie Leonard
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Boynton, M.D.

Address, 115 W. Lombard St.

Remarks,

8 4 7 0 0 0 5 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85182

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 1st of August 97 |
| 4. *Place of Birth, (Street and Number)* | 2147 Vine St. |
| 5. *Full Name of Mother,* | Ema E. Zimmerman |
| 6. *Mother's Maiden Name,* | Ema E. Wechesser |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Carl F. Zimmerman |
| 9. *Father's Occupation* | Blacksmith |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friedrike Kenter Midwife |
| *Address,* | 2116 W. Pratt St. |
| *Remarks,* | |

8 9 7 0 0 0 5 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

# RETURN OF A BIRTH. 85183

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) 701 Monroe 2d
5. Full Name of Mother, Lizzie Klinedinst
6. Mother's Maiden Name, Lizzie Carroll
7. Mother's Birthplace, Penna
8. Full Name of Father, Peter Klinedinst
9. Father's Occupation Baker
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Münch

Address, 800 Leadenhall Street.

Remarks,

8970005218

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. That it shall be the duty of the parents, or in case of their absence, or inability, of the nearest relative present at the birth, or of the person in charge of the house in which the birth occurs, or of the physician, midwife or nurse in attendance, to report to the Commissioner of Health, within ten days after the birth occurs, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236]

# RETURN OF A BIRTH. 85/83

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 August
4. Place of Birth, (Street and Number) 701 Hanover St
5. Full Name of Mother, Lizzie Kennedy
6. Mother's Maiden Name, Lizzie Markel
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Peter Kennedy
9. Father's Occupation Baker
10. Father's Birthplace, York Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street.

Remarks,

8970005219

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 85184

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August – 2, 1897.
4. Place of Birth, (Street and Number) 263 Hall Road.
5. Full Name of Mother, Florence Janette – Campbell.
6. Mother's Maiden Name, Corsuch.
7. Mother's Birthplace, Ind.
8. Full Name of Father, Robert – Edward Campbell.
9. Father's Occupation Painter.
10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8970005220.

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

# RETURN OF A BIRTH. 83185

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall, within ten days thereafter, report the same to the Registrar of Vital Statistics, Board of Health. This schedule, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Boy (John Albert Reimer) |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 2d 1897 |
| 4. *Place of Birth, (Street and Number)* | Clinton Ave 1720 |
| 5. *Full Name of Mother,* (Katherine) | Katharine Reimer |
| 6. *Mother's Maiden Name,* (Katherine Schmidt) | Schmidt |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Albert Reimer |
| 9. *Father's Occupation* | Bricklayer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H E Rovers Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

64700052 21

FORM 1236]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85186

85186

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 2. (11. 20. P. M.)
4. *Place of Birth, (Street and Number)* 2106 So. Bittle Street.
5. *Full Name of Mother,* Cora Belle Gill,
6. *Mother's Maiden Name,* Smart
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Noah Gill,
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant, or other person who makes this Return,* Fr. M. Kaune (for the

*Address,* Mothers Relief Society) 1412 Eutaw Place

*Remarks.*

8470005222

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85187

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same in a book to be kept for that purpose. Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August the 2 1877 |
| 4. *Place of Birth, (Street and Number)* | Wilkins Ave 1827 |
| 5. *Full Name of Mother,* | Barthus Schanler |
| 6. *Mother's Maiden Name,* | Barthe Sadusha |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Charles Schanler |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J Kelly |
| *Address,* | 1922 Wilkins Ave |
| *Remarks,* | |

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970005223

M 1236.]

# RETURN OF A BIRTH. 85188

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 4th 2-12-97 |
| 4. *Place of Birth, (Street and Number)* | No 1119 N Eutaw St 2-12-98 |
| 5. *Full Name of Mother,* | Augusta Marian |
| 6. *Mother's Maiden Name,* | Augusta Lichtenberg |
| 7. *Mother's Birthplace,* | Baltimore Maryland |
| 8. *Full Name of Father,* | Richard L |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Grafton W. Va |
| *Name of Medical Attendant,* or other person who makes this Return, | Miss L Kelley |
| *Address,* | 1019 22 Wilkins Ave |
| *Remarks,* | |

8 4 7 0 0 0 5 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of each child, and shall enter therein the name of the child, if named, the sex, color, and the date and place of birth of each child born alive in his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85189

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White — German
3. Date of Birth, August 3rd. 97
4. Place of Birth, (Street and Number) 317 Forrest St.
5. Full Name of Mother, Katie Stein
6. Mother's Maiden Name, Katie Lazarus
7. Mother's Birthplace, Germany
8. Full Name of Father, Benjamin Stein
9. Father's Occupation Tailor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Boynton M.D.

Address, 115 W. Fayette

Remarks,

8970005225

Wm. J. C. Dulany Co., City Printers and Stationers.

**Rule.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85190

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | August 4th. 1897 |
| 4. *Place of Birth, (Street and Number)* | 1837 Coke Alley |
| 5. *Full Name of Mother,* | Bettie Dillon |
| 6. *Mother's Maiden Name,* | Bettie Dudley |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | Joseph Dillon |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | E. Baynton M.D. |
| *Address,* | Maryland Lying-in Asylum |
| *Remarks,* | |

8970005226

Wm. J. C. Dulany Co., City Printers and Stationers.

**Section 1.** That hereafter it shall be the duty of the midwife, physician or practitioner in attendance upon any birth which may occur in this city, to make a return of the same to the Commissioner of Health, which return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85191

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 5th 1894
4. *Place of Birth, (Street and Number)* 415 Roland Ave.
5. *Full Name of Mother,* Lilly W. Sprinkle
6. *Mother's Maiden Name,* Lilly W. Holtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Elias Grant Sprinkle
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Carroll Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Geo. T. Shower. M.D

*Address,* 421 Roland Ave

*Remarks,*

8470005227

Wm. J. C. Dulany Co., City Printers and Stationers

M 1286]

# RETURN OF A BIRTH. 85192

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 46. E. Williamson st Balto. M. D. |
| 5. *Full Name of Mother,* | Mary Casmelle |
| 6. *Mother's Maiden Name,* | Mary Wagner |
| 7. *Mother's Birthplace,* | Balto. M. D. |
| 8. *Full Name of Father,* | John Jas. Casmelle |
| 9. *Father's Occupation* | Driftman |
| 10. *Father's Birthplace,* | Balto. M. D. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Wünsch |
| *Address,* | 510 Leadenhall Street. |
| *Remarks,* | |

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Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85193

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7. ter |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 5th of August 92. |
| 4. *Place of Birth, (Street and Number)* | 1622 Frederick Av |
| 5. *Full Name of Mother,* | Marie Müller |
| 6. *Mother's Maiden Name,* | Marie Hittel |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Henry Müller |
| 9. *Father's Occupation* | Saloonkeper |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Kenles Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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ORM 1236]

# RETURN OF A BIRTH. 85194

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 6, 12. 30. A. M.
4. Place of Birth, (Street and Number) 122 Roseland Street
5. Full Name of Mother, Etha May Leidenburg
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Heinrich August Leidenburg
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kaunt

Address, 1412 Eutaw Place

Remarks,

8970005230

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ORM 1236]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85195

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 7. (1. 30 P. M.).
4. *Place of Birth, (Street and Number)* 1005 Compton Street.
5. *Full Name of Mother,* Maggie Laughlin.
6. *Mother's Maiden Name,* Dill.
7. *Mother's Birthplace,* Queen Annie's Coun.
8. *Full Name of Father;* John Thomas Laughlin.
9. *Father's Occupation* Candymaker.
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other person who makes this Return, Fr. M. Kane for the

*Address,* Mothers Relief Society 1712 Ludlow Place.

*Remarks,*

8970005231

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236.]

Register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85796

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)* 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 7th
4. *Place of Birth, (Street and Number)* 608 Hoffman St
5. *Full Name of Mother,* Annie Riddick
6. *Mother's Maiden Name,* " Watkins
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Chas Riddick
9. *Father's Occupation* waiter
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, Dr Louis S. Auch

*Address,* 647 N Lafayette Ave

*Remarks,*

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Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85197

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 ½ |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 8th of August 92. |
| 4. *Place of Birth, (Street and Number)* | 36. Brauns Lane |
| 5. *Full Name of Mother,* | Pauline Lutz |
| 6. *Mother's Maiden Name,* | Pauline König |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Fritz Lütz |
| 9. *Father's Occupation* | Bäcker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Kuehler midwife |
| *Address,* | 2116 N Pratt St. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8470005233

# RETURN OF A BIRTH. 85198

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 8 1897
4. Place of Birth, (Street and Number) 418 Smallwood St
5. Full Name of Mother, K. Lutrus Hammann
6. Mother's Maiden Name, K. Lutrus
7. Mother's Birthplace, Germ
8. Full Name of Father, Geo. Hammann
9. Father's Occupation Butcher
10. Father's Birthplace, U. S.

Name of Medical Attendant, or other person who makes this Return Dr. Heinrich MD

Address, 2151 W. Lexington St

Remarks,

8 7 1 0 0 5 2 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1336]

# RETURN OF A BIRTH. 85199

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 10. 8.45 P. M.

4. Place of Birth, (Street and Number) 1230 Columbia Ave.

5. Full Name of Mother, Alice Virginia Hite

6. Mother's Maiden Name, Arley

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wilhelm Hite

9. Father's Occupation Boxmaker

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. W. Kemp / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970005235

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 85200

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 10th
4. Place of Birth, (Street and Number) 1927 Hanover Str.
5. Full Name of Mother, Louisa Schmidt
6. Mother's Maiden Name, Louise Schleicher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G. Ferdinand Schmidt
9. Father's Occupation Enamel Worker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mühsh

Address, 800 Leadenhall Street.

Remarks,

8770005236

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236.]

# RETURN OF A BIRTH. 85201

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | August 10, 1897. |
| 4. *Place of Birth, (Street and Number)* | 424 23d st. |
| 5. *Full Name of Mother,* | Eleanor Douglass Broom. |
| 6. *Mother's Maiden Name,* | McClanahan. |
| 7. *Mother's Birthplace,* | Va. |
| 8. *Full Name of Father,* | William L. Broom. |
| 9. *Father's Occupation* | Railroader. |
| 10. *Father's Birthplace,* | Washington, D. C. |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas. H. Mitchell M.D. |
| *Address,* | 291 Chestnut ave. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 5 2 3 7

Registrar of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85302

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August the 11 15 77 |
| 4. *Place of Birth, (Street and Number)* | M st bet said st & 1 |
| 5. *Full Name of Mother,* | Liggie Jack |
| 6. *Mother's Maiden Name,* | Liggie Fuller |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | George Jack |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | # 19 21 Wilkins Ave |
| *Remarks,* | |

8 4 7 0 0 0 5 2 3 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1236.]

# RETURN OF A BIRTH. 85203

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 11, 1894.
4. *Place of Birth, (Street and Number)* 2926 Huntingdon ave.
5. *Full Name of Mother,* Ella S. Dasch.
6. *Mother's Maiden Name,* Gosnell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William A. Dasch.
9. *Father's Occupation* Stone-Cutter.
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, Chas. H. Mitchell M.D.

*Address,* 291 Chestnut ave.

*Remarks,*

8 4 7 0 0 0 5 2 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore City who shall charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 85204

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth one

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, August 11th 1897
4. Place of Birth, (Street and Number) 16 E. York St.
5. Full Name of Mother, Amalia Fliehl
6. Mother's Maiden Name, Amalia Schober
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Fliehl
9. Father's Occupation Beer brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Münch

Address, 800 Leadenhall Street.

Remarks,

8970005240

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85205

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of August 93.
4. Place of Birth, (Street and Number) 902. W. Balto
5. Full Name of Mother, Louise Schuhmann
6. Mother's Maiden Name, Louise Weinz
7. Mother's Birthplace, Balto
8. Full Name of Father, Georg Schuhmann
9. Father's Occupation Printer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8970005241

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form 1236.]

# RETURN OF A BIRTH. 85206

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 12, 1894. |
| 4. *Place of Birth, (Street and Number)* | 117 David st. |
| 5. *Full Name of Mother,* | Mary Harder Weckesser. |
| 6. *Mother's Maiden Name,* | Keller. |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | Harry Edward Weckesser. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas. H. Mitchell M.D. |
| *Address,* | 291 Chestnut ave. |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

84700005242

ORM 1336]

# RETURN OF A BIRTH. 85207

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 12. ( 12. 10. A. M.
4. *Place of Birth, (Street and Number)* 1011 Sheldon Street
5. *Full Name of Mother,* Grace Darling ~~Doran~~ Doran
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Doran
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other person who makes this Return, Dr. M. Kanne for the

*Address,* Mothers Relief Society / 1413 Eutaw Place

*Remarks,*

8970005243

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FORM 1236.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have been conferred; its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85208

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 13 - 97
4. *Place of Birth, (Street and Number)* 673 Columbia ave
5. *Full Name of Mother,* Eva L Hunter
6. *Mother's Maiden Name,* Eva L McCreary
7. *Mother's Birthplace,* Balto. md
8. *Full Name of Father,* John H Hunter
9. *Father's Occupation* Flag-man
10. *Father's Birthplace,* Balto md

*Name of Medical Attendant,* or other person who makes this Return, Harry Boyd

*Address,* 677 Columbia ave

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005244

# RETURN OF A BIRTH. 85209

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14 1897
4. Place of Birth, (Street and Number) Washington st Homestead. not numbered
5. Full Name of Mother, Mary Stock
6. Mother's Maiden Name, Arnold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Stock
9. Father's Occupation Laborer
10. Father's Birthplace, md

Name of Medical Attendant, or other person who makes this Return, H Young Hattrick M.D.

Address, 237 Gorsuch avenue

Remarks,

8970005245

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85210

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 14th 1897 |
| 4. *Place of Birth, (Street and Number)* | 636 S Durham St |
| 5. *Full Name of Mother,* | Mary Fritz |
| 6. *Mother's Maiden Name,* | Ngley Wittbrigen |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Fritz Fritz |
| 9. *Father's Occupation* | Cabinet Maker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kron Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

Every Midwife, Physician or other person who shall attend upon any case of birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 5 2 4 5

GIVEN NAME ADDED. 6-18-63

# RETURN OF A BIRTH. 85211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Virginia Miller

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug. 15. 1897. |
| 4. Place of Birth, (Street and Number) | 2121 Wilkins Ave |
| 5. Full Name of Mother, | Agusta Virginia Miller |
| 6. Mother's Maiden Name, | Agusta Lentz |
| 7. Mother's Birthplace, | Balto Md |
| 8. Full Name of Father, | John P. Miller |
| 9. Father's Occupation | Clerk B & O |
| 10. Father's Birthplace, | Balto Md |
| Name of Medical Attendant, or other person who makes this Return, | G. W. Slate M.D. |
| Address, | 1684 W. Baltimore St. |
| Remarks, | |

8970025247

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85212

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverble.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c)* 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White - American
3. *Date of Birth,* August 15th 1897
4. *Place of Birth, (Street and Number)* 115 N. Lombard St. - M. L. A.
5. *Full Name of Mother,* Sarah Martin
6. *Mother's Maiden Name,* ——
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jno Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* ——

*Name of Medical Attendant, or other person who makes this Return,* E. Boynton M.D.

*Address,* 115 N. Lombard.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005248

GIVEN NAME ADDED 10-9-57

# RETURN OF A BIRTH. 85213

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Neal Conrad ~~Hoot~~ Hoot

1. Sex, (state whether male or female) 5th
2. Race or Color, (if not of the white race) male
3. Date of Birth, White
4. Place of Birth, (Street and Number) 17th of August 97.
5. Full Name of Mother, 115 Gaylord St.
6. Mother's Maiden Name, Franciska Hoot
7. Mother's Birthplace, Franciska Conrad
8. Full Name of Father, Balto
9. Father's Occupation Carl W. Hoot
10. Father's Birthplace, Cigarmaker
Balto

Name of Medical Attendant, or other person who makes this Return, Friedrike Kuehler midwife

Address, 2116 W Pratt St.

Remarks,

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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1236.]

# RETURN OF A BIRTH. 85214

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5t |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August the 17-1897 |
| 4. *Place of Birth, (Street and Number)* | Lemau 27 to 16-13 |
| 5. *Full Name of Mother,* | julia miller |
| 6. *Mother's Maiden Name,* | julia may |
| 7. *Mother's Birthplace,* | Canton Ohio |
| 8. *Full Name of Father,* | frank miller |
| 9. *Father's Occupation* | Cabinet maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs S Kelly |
| *Address,* | N 19-22 Wilkins Ave |
| *Remarks,* | |

8970005250

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85 215

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 18th of August 97. |
| 4. *Place of Birth, (Street and Number)* | 2111 Mary Ann St |
| 5. *Full Name of Mother,* | Anna Kobel |
| 6. *Mother's Maiden Name,* | Anna Thabeld. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Johannes Kobel |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Keuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85216

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7th

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 18th of August 97.

4. *Place of Birth, (Street and Number)* 1917 Lombard St.

5. *Full Name of Mother,* Mami Murray

6. *Mother's Maiden Name,* Mami Hewett

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* J. E. Murray

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Friederike Kemler Midwife

*Address,* 2116 W Pratt St.

*Remarks,*

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 5 2 5 2

# RETURN OF A BIRTH. 8521

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 19 1897
4. *Place of Birth, (Street and Number)* Westminster Avenue
5. *Full Name of Mother,* Mary Wilson
6. *Mother's Maiden Name,* Mathews
7. *Mother's Birthplace,* VA
8. *Full Name of Father,* William Wilson
9. *Father's Occupation* Telegraph operator
10. *Father's Birthplace,* VA

*Name of Medical Attendant,* or other person who makes this Return, Eugene Mathews M.D.

*Address,* 237 Gittings Avenue

*Remarks,*

8970005253

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 85218

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 20, 1897.
4. Place of Birth, (Street and Number) 802 First ave.
5. Full Name of Mother, Fannie Bound Dyke.
6. Mother's Maiden Name, Fannie Bound
7. Mother's Birthplace, Md
8. Full Name of Father, Odud Bouis Dyke.
9. Father's Occupation Merchant.
10. Father's Birthplace, Ohio.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

8970005254

Wm. J. C. Dulany Co., City Printers and Stationers.

ORM 1236.]

# RETURN OF A BIRTH. 85219

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21-97
4. Place of Birth, (Street and Number) 707 Cook St
5. Full Name of Mother, Sarah A Williams
6. Mother's Maiden Name, Sarah A Price
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Spencer L Williams
9. Father's Occupation Brick Layer
10. Father's Birthplace, Boston Mass

Name of Medical Attendant, or other person who makes this Return, Harry Byrd

Address, 617 Goldsborough

Remarks,

8970005255

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

# RETURN OF A BIRTH.

85220

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number) 501
5. Full Name of Mother, Powell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Powell
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Miss Minnick

Address, 800 Leadenhall Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 7 0 0 0 5 2 5 6

The Physician, Midwife or other person required to report the birth of any child, shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, (if any shall have been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the attendance upon the mother, immediately thereafter or midwifery, or should no other person shall occur without the attendance of a physician or practioner of midwifery, in case the birth of any child child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85221

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1.st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22nd of August 97. |
| 4. *Place of Birth, (Street and Number)* | 1952 W. Pratt St. |
| 5. *Full Name of Mother,* | Martha Kellner |
| 6. *Mother's Maiden Name,* | Martha Frank |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Louis Kellner |
| 9. *Father's Occupation* | Baecker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Friederike Keuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85222

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22nd 1897
4. *Place of Birth, (Street and Number)* 940 Harford avenue
5. *Full Name of Mother,* Martha E
6. *Mother's Maiden Name,* Martha E Lefevre
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Mattren
9. *Father's Occupation* Police
10. *Father's Birthplace,* Taroon P A

*Name of Medical Attendant,* or other person who makes this Return, Mrs Martha Foster

*Address,* 1600 E Lanvale st

*Remarks,*

8970005258

**Rule 9. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.**

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH.

85223

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22 1897
4. Place of Birth, (Street and Number) 1113 N Stricker St
5. Full Name of Mother, Mary Loretta Corin
6. Mother's Maiden Name, Fiske
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Louis Corin
9. Father's Occupation Tailor (Shoptrade)
10. Father's Birthplace, Southern

Name of Medical Attendant, or other person who makes this Return, C. Hammann

Address, 621 N. Carrollton Ave

Remarks,

8970005259

Wm. J. C. Dulany Co., City Printers and Stationers

Registrar of Vital Statistics and Secretary of the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85224

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 22nd of August 92. |
| 4. *Place of Birth, (Street and Number)* | 294 Polaski St. |
| 5. *Full Name of Mother,* | Elisabeth Heck |
| 6. *Mother's Maiden Name,* | Elisabeth Mayer |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Georg E. Heck |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler Midwife |
| *Address,* | 2116 W Pratt St |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85225

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22 1892
4. *Place of Birth, (Street and Number)* No. 1840 N. Shirley Street
5. *Full Name of Mother,* Margaret Zellers
6. *Mother's Maiden Name,* Margaret Buechner.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Louis M. Zellers.
9. *Father's Occupation* Basket Maker.
10. *Father's Birthplace,* Maryland.

*Name of Medical Attendant,* or other person who makes this Return, Eug. A. Elwell, M.D.

*Address,* 1741 Hanford ave.

*Remarks,*

84700005261

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85226

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 3rd. 1897
4. *Place of Birth, (Street and Number)* 403 Loudon St.
5. *Full Name of Mother,* Martha McMons
6. *Mother's Maiden Name,* " Hanlon,
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph McMons
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* England

*Name of Medical Attendant, or other person who makes this Return,* E. J. Boyington M.D.

*Address,* 115 N. Lombard

*Remarks,*

8970005262

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The records shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85227

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3. th. |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 3th August 1899. |
| 4. *Place of Birth, (Street and Number)* | 1210 Hare st. |
| 5. *Full Name of Mother,* | Mary Grzebalski |
| 6. *Mother's Maiden Name,* | Maginski |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Frank Grzebalski |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs P. Lutzmann. |
| *Address.* | 2922 Elliott St. |
| *Remarks,* | |

8970005263

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-15-55

# RETURN OF A BIRTH. 85228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Adeline Fehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug. 3 '97.
4. Place of Birth, (Street and Number) 1238 Townsend Ave.
5. Full Name of Mother, Ida Fehl
6. Mother's Maiden Name, Ida Schmidt.
7. Mother's Birthplace, Md.
8. Full Name of Father, Clayton Fehl.
9. Father's Occupation Merchant.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Gen Hosp.

Remarks,

8970005264

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85229

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 fifth child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4 18 97
4. Place of Birth, (Street and Number) 519 Hickory ave. city
5. Full Name of Mother, Ada M. Adalong
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Jorge L. Adalong
9. Father's Occupation, Labor
10. Father's Birthplace, idont no Where it was born

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 515 Hickory ave city

Remarks,

8970005265

Wm. J. C. Dulany Co., City Printers and Stationers

The City Register shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85230

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, (Aug 4. 99)
4. Place of Birth, (Street and Number) 731 Lilly Monument st.
5. Full Name of Mother, Maud Nyson.
6. Mother's Maiden Name, Maud Swan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benj Nyson.
9. Father's Occupation Bell man.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. M. L. Todd.

Address, Md. Genl. Hosp.

Remarks.

8 9 7 U 0 0 5 2 6 6

Wm. J. C. Dulany Co., City Printers and Stationers

The Father of an illegitimate child is required to support it until it is fourteen years old, and the Mother is liable to be punished by imprisonment in the House of Correction for not more than twelve months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85231

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Aug 5 92

4. Place of Birth, (Street and Number) Bud. Gen. Hosp.

5. Full Name of Mother, Mary Lewis.

6. Mother's Maiden Name, " " "

7. Mother's Birthplace, Balto.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. L. Todd.

Address, Md. Gen. Hosp.

Remarks,

8970005267

Wm. C. Dulany Co., City Printers and Stationers

Every birth occurring within the city of Baltimore shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[Form 1230.]

# RETURN OF A BIRTH. 85232

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 Aug 97
4. *Place of Birth, (Street and Number)* 1441 Lexington St
5. *Full Name of Mother,* Mary A. Lawman
6. *Mother's Maiden Name,* Mary A Boots
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Duncan Lawman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Q. A. Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs E. Yewell

*Address,* 650 E. Fort Ave

*Remarks,*

8 9 7 0 0 0 5 2 6 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Section. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85283

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 5 97 |
| 4. *Place of Birth, (Street and Number)* | 1309 Wirt St. |
| 5. *Full Name of Mother,* | Margaret Clark |
| 6. *Mother's Maiden Name,* | " Conley |
| 7. *Mother's Birthplace,* | Ireland. |
| 8. *Full Name of Father,* | John Clark Jr. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Ga. |
| *Name of Medical Attendant,* or other person who makes this Return, | H. Robinson |
| *Address,* | 926 E. Preston St |
| *Remarks,* | |

8970005269

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall furnish to the proper officers of each Dispensary, Hospital, Almshouse, Infirmary, Asylum, Jail, Prison, Lying-in Asylum, or any other institution, boarding house or lodging house, blank schedule, to be furnished by the Commissioner of Health, and shall enter the same on blank schedule, to be furnished by the Commissioner of register of such birth, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85234

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro White

3. Date of Birth, August 5 1894

4. Place of Birth, (Street and Number) 266 Pacific [illegible]

5. Full Name of Mother, Rachel E Fisher

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Carroll County Md

8. Full Name of Father, Nicholas J Fisher

9. Father's Occupation Machinist

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Martha E Pinoj

Address, 575 Richard ave city

Remarks,

8970005270

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85235

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6/97
4. Place of Birth, (Street and Number) #805 S. Luzerne St
5. Full Name of Mother, Frances Radomska
6. Mother's Maiden Name, F. Beglewska
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Radomski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier

Address, #721 S. Ann St

Remarks, Full Time

8 9 7 0 0 0 5 2 7 1

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 85236

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th Cuy 17
4. Place of Birth, (Street and Number) 1036 E. Fort Ave
5. Full Name of Mother, Clementina Grunder
6. Mother's Maiden Name, " Bradley
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas Grunder
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm E Powell

Address, 650 E Fort Ave

Remarks,

register of such birth, and shall enter the same on plain schedules to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970005272

M 1236

# RETURN OF A BIRTH. 83237

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blanks, schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st. |
| 1. *Sex, (state whether male or female)* | female. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 1th August 1897. |
| 4. *Place of Birth, (Street and Number)* | 1215 Hare st. |
| 5. *Full Name of Mother,* | Rose Makofski |
| 6. *Mother's Maiden Name,* | Wesknefski |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Johan Makofski |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return. | Mrs L. Siersmann |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | |

8970005273

Wm. J. C. Dulany Co,. City Printers and Stationers.

FORM 1336.]

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85238

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 8/97
4. Place of Birth, (Street and Number) # 606 S. Ann St
5. Full Name of Mother, Michalina Kochanska
6. Mother's Maiden Name, M. Brezenska
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo Kochanski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier -

Address, # 721 S. Ann St

Remarks, Full Time

8 4 7 0 0 0 5 2 7 4

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1256]

# RETURN OF A BIRTH. 85 239

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9. th. |
| 1. *Sex, (state whether male or female)* | male. |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 9. th August 1897. |
| 4. *Place of Birth, (Street and Number)* | 2528. Fait Ave. |
| 5. *Full Name of Mother,* | Mayi Wikarski |
| 6. *Mother's Maiden Name,* | Kaschuba. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Wetek Wikarski. |
| 9. *Father's Occupation* | Labrer. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs J. Liersemann. |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005275

FORM 1246.]

# RETURN OF A BIRTH. 85240

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th -

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9/97
4. Place of Birth, (Street and Number) #268 Hutton St
5. Full Name of Mother, Kattey Postanowicz.
6. Mother's Maiden Name, K. Eganek.
7. Mother's Birthplace, Germany
8. Full Name of Father, Roch Postanowicz.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier.

Address, # 721 S. Ann St

Remarks, Full Time

8970005276

Wm. J. C. Dulany Co,. City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 85241

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 4 97
4. Place of Birth, (Street and Number) 34 S. Bond St.
5. Full Name of Mother, Annie Hetz
6. Mother's Maiden Name, " Doering
7. Mother's Birthplace, Balto.
8. Full Name of Father, Nikolaus Hetz
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieckhaus

Address, MIDWIFE,

Remarks, 2225 Gough ... Baltimore, Md.

8 9 7 0 0 0 5 2 7 7

The Sanitary Code shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236

# RETURN OF A BIRTH. 85242

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Albert ~~William~~ Seitz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 2/97
4. Place of Birth, (Street and Number) 2233 N. Eden Alley
5. Full Name of Mother, Wilhelmina Seitz
6. Mother's Maiden Name, Loehr
7. Mother's Birthplace, Balto.
8. Full Name of Father, Conrad W. Seitz
9. Father's Occupation Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 5 2 7 8

register of such birth and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FORM 1236]

# RETURN OF A BIRTH. 85243

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 11 |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 21 97 |
| 4. *Place of Birth, (Street and Number)* | 2403 Linton Ave. |
| 5. *Full Name of Mother,* | Katie Scheiner |
| 6. *Mother's Maiden Name,* | " Gottschalk |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Adolph Scheiner |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Disenhofer |
| *Address,* | MIDWIFE, |
| *Remarks,* | 2225 Gough St. Baltimore, Md. |

8970005279

Wm. J. C. Dulany Co., City Printers and Stationers.

RM 1236]

# RETURN OF A BIRTH. 85244

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 3/97
4. Place of Birth, (Street and Number) 512 S. Linn St.
5. Full Name of Mother, Annie J. Lentz
6. Mother's Maiden Name, Stahl
7. Mother's Birthplace, Germany
8. Full Name of Father, William Lentz
9. Father's Occupation Cooper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8970005280

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85245

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | V. |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Aug 3-97. |
| 4. *Place of Birth, (Street and Number)* | 520 E Baltimore St |
| 5. *Full Name of Mother,* | Isabella Lloyd |
| 6. *Mother's Maiden Name,* | " Winston |
| 7. *Mother's Birthplace,* | Pittsburgh Pa. |
| 8. *Full Name of Father,* | John W. Lloyd |
| 9. *Father's Occupation* | Hostler |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | G. L. Hummer M.D. |
| *Address,* | Jst. Hospital. |
| *Remarks,* | |

**Health.** This schedule shall contain a list of the births which have occurred under the [illegible] the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health. In case the birth of any child shall occur without the mother, immediately the duty of the person or practioner of midwifery as required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970005281

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85246

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 3/97
4. Place of Birth, (Street and Number) 938 N. Duncan al.
5. Full Name of Mother, Daphronia Banks
6. Mother's Maiden Name, Unmarried
7. Mother's Birthplace, Balto
8. Full Name of Father, Charley Cooper
9. Father's Occupation Brick maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G. L. Timmis M.D.

Address, J.H. Hospital

Remarks,

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8477 0005282

FORM 1236]

# RETURN OF A BIRTH. 85247

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 4th of Sept

4. *Place of Birth, (Street and Number)* 1112 S Futon Ave

5. *Full Name of Mother,* August Reinhardt

6. *Mother's Maiden Name,* Bodine

7. *Mother's Birthplace,* City Germany

8. *Full Name of Father,* Wilhelm Reinhardt

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Stuttgart Germany

*Name of Medical Attendant,* or other person who makes this Return, Dina Reinhardt

*Address,* 1112 S Futon Ave

*Remarks,*

8970005283

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

# RETURN OF A BIRTH. 85248

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* X

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 4/97
4. *Place of Birth, (Street and Number)* 520 N. Washington Av.
5. *Full Name of Mother,* Josephine Kurtz
6. *Mother's Maiden Name,* " Schroeder
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adam J. Kurtz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Disenhofer

*Address,* 2225 Gough st. Baltimore, Md.

*Remarks,* MIDWIFE.

8970005284

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

GIVEN NAME ADDED 1-22-63

# RETURN OF A BIRTH. 85 249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Veit Oberender

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 4/27
4. *Place of Birth, (Street and Number)* 410 S. Bond St.
5. *Full Name of Mother,* Mary Oberender
6. *Mother's Maiden Name,* Schoenels
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Oberender
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto,

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Disenhofer

*Address,* MIDWIFE,

*Remarks,* 2325 Gough St. Baltimore, Md.

8970005285

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of Births, and shall enter the same on blank Schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85250

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5-4- |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 4/27 |
| 4. *Place of Birth, (Street and Number)* | 82 Cedar Ave |
| 5. *Full Name of Mother,* | Annie L Hallett |
| 6. *Mother's Maiden Name,* | Klein |
| 7. *Mother's Birthplace,* | Penna |
| 8. *Full Name of Father,* | Chas E Hallett |
| 9. *Father's Occupation* | R.R. employee |
| 10. *Father's Birthplace,* | Springfield Ohio |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. A. F. Lehman MD |
| *Address,* | 402 Chestnut Ave |
| *Remarks,* | |

Every person in charge of any lying-in institution, and every physician, midwife, or other person who shall attend upon any birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005286

# RETURN OF A BIRTH. 85251

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 1st |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug 5-97 |
| 4. Place of Birth, (Street and Number) | 214 Sycamore Av. |
| 5. Full Name of Mother, | Annie Eliz Whitmore |
| 6. Mother's Maiden Name, | " " Timmons |
| 7. Mother's Birthplace, | Powhatan Co. Va. |
| 8. Full Name of Father, | Chas T. Whitmore |
| 9. Father's Occupation | Mill-hand |
| 10. Father's Birthplace, | Frederick Co. Md. |
| Name of Medical Attendant, or other person who makes this Return | Wm A Fedderman M.D. |
| Address, | 1102 Chestnut Ave |
| Remarks, | |

8970005287

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 3. The Registrar of Vital Statistics shall superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85252

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 6/27 |
| 4. *Place of Birth, (Street and Number)* | #2163 Cedar Ave |
| 5. *Full Name of Mother,* | Eleanor Rohrback |
| 6. *Mother's Maiden Name,* | " Wilson |
| 7. *Mother's Birthplace,* | Frederick Co. Md. |
| 8. *Full Name of Father,* | Martin E Rohrback |
| 9. *Father's Occupation* | R.R. employee |
| 10. *Father's Birthplace,* | Frederick Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | Wm H. Feldman M.D. |
| *Address,* | #112 Chestnut Ave |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

# RETURN OF A BIRTH. 85253

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6th June
4. Place of Birth, (Street and Number) 916 Herring St
5. Full Name of Mother, Kate Baird
6. Mother's Maiden Name, Kate Steinberg
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, Howard Baird
9. Father's Occupation Teacher
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. A Birk midwife

Address, 1417 E Eager St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005289

FORM 1236

The Midwife under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85254

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 8 97
4. *Place of Birth, (Street and Number)* 119 S. Castle St.
5. *Full Name of Mother,* Katie Schmitt
6. *Mother's Maiden Name,* " Schmidt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Schmitt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Disenhofer

*Address,* MIDWIFE,

*Remarks,* 2225 Gough St. Baltimore, Md.

8970005290

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236

# RETURN OF A BIRTH. 85255

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 27 97
4. *Place of Birth, (Street and Number)* 2225 E. Carolina St.
5. *Full Name of Mother,* Carolina Schabdach
6. *Mother's Maiden Name,* " Schwabe
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernhardt Schabdach
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Disenhofer.

*Address,*

*Remarks,* MIDWIFE,

2225 Gough St. Baltimore, Md.

8970005291

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-256

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 8th 1897
4. Place of Birth, (Street and Number) 1728 Maryland Ave.
5. Full Name of Mother, Roberta Gibson
6. Mother's Maiden Name, Roberta Dobbin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jas. F. Gibson
9. Father's Occupation Jeweler
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, John Brosius, M.D.

Address, 218 W. Madison St.

Remarks,

8470005292

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85257

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall occur, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* iii

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Aug 8-97
4. *Place of Birth, (Street and Number)* 225 N. Durham St
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,* Alston
7. *Mother's Birthplace,* N.C.
8. *Full Name of Father,* George Alston
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* N.C.

*Name of Medical Attendant,* or other person who makes this Return, E. L. Hunnicutt M.D.

*Address,* J.H. Hospital

*Remarks,*

Wm. J. C. Dulany Co,. City Printers and Stationers.

8970005293

# RETURN OF A BIRTH. 85258

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Aug 9-97
4. Place of Birth, (Street and Number) 946 N. Duncan
5. Full Name of Mother, Emma Bundy
6. Mother's Maiden Name, Unmarried
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, G. L. Hunins M.D.

Address,

Remarks,

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# RETURN OF A BIRTH. 85259

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 9th 1897
4. *Place of Birth, (Street and Number)* 1118 Carroll St.
5. *Full Name of Mother,* Mary Catherine Teubner
6. *Mother's Maiden Name,* Mary Catherine Towson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Teubner
9. *Father's Occupation* Wood Carver
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

8970005295

Wm. J. C. Dulany Co,. City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-4-72

# RETURN OF A BIRTH. 85260

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD - MABEL JOHNSON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Aug 10 '97.
4. Place of Birth, (Street and Number) 5-134 Eyrau.
5. Full Name of Mother, Rebecca Johnson
6. Mother's Maiden Name, Baltimore.
7. Mother's Birthplace, Wm. Johnson
8. Full Name of Father, Waiter.
9. Father's Occupation Balto.
10. Father's Birthplace, M. E. Gold

Name of Medical Attendant, or other person who makes this Return, Md Gen. Hosp.

Address,

Remarks, FILED: 1897

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85361

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug 15' 97.
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Annie Robinson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Watts.
9. Father's Occupation Brick layer.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, Md. Genl. Hosp.

Remarks,

8970005297

Wm. C. Dulany Co., City Printers and Stationers

Health officers shall keep a true and accurate account of the births which have occurred within their districts, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 85-262

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Second |
| 1. Sex, (state whether male or female) | Female |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | Aug. 10, ~~July 29~~, 1897. |
| 4. Place of Birth, (Street and Number) | 1911 W. Baltimore St. |
| 5. Full Name of Mother, | Bessie Smith Gilbert |
| 6. Mother's Maiden Name, | Baldwin |
| 7. Mother's Birthplace, | Philadelphia, Pa. |
| 8. Full Name of Father, | Charles Stewart Gilbert |
| 9. Father's Occupation, | Paying Teller |
| 10. Father's Birthplace, | Baltimore |
| Name of Medical Attendant, or other person who makes this Return, | J. Morris Hood, M.D. |
| Address, | 10 S. Eutaw St. |
| Remarks, | |

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

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# RETURN OF A BIRTH. 85263

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 4.

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 10 of aug 1897 at 10 minutes past 10 PM
4. Place of Birth, (Street and Number) 805 McDonough Street
5. Full Name of Mother, Christianica Brownley
6. Mother's Maiden Name, Allen
7. Mother's Birthplace, Mathews Co. Va.
8. Full Name of Father, Charles P. Brownley
9. Father's Occupation Sailor
10. Father's Birthplace, Mathews county Va.

Name of Medical Attendant, or other person who makes this Return, Josephine Amos Cooper

Address, 920 Shuter Street

Remarks, they both are well according to the whole

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85264

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Aug. 10 '91.
4. *Place of Birth, (Street and Number)* 916 Little Pine.
5. *Full Name of Mother,* Amanda Bond.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Bond.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd.

*Address,* Md. Gen. Hosp.

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85265

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | IV |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 10-97 |
| 4. *Place of Birth, (Street and Number)* | 629 W. Lee St. |
| 5. *Full Name of Mother,* | Ellen Schneider |
| 6. *Mother's Maiden Name,* | " Purcell |
| 7. *Mother's Birthplace,* | |
| 8. *Full Name of Father,* | John C. Schneider |
| 9. *Father's Occupation* | Coal Yard |
| 10. *Father's Birthplace,* | |
| *Name of Medical Attendant, or other person who makes this Return,* | G. L. Hummon M.D. |
| *Address,* | St. Hospital |
| *Remarks,* | |

8 7 7 U 0 0 5 3 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no parents of such attendance upon the mother, immediately of Health, in the manner provisions of this section shall be sub- child to report its birth to the Commissioner hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 8-21-52

# RETURN OF A BIRTH. 85-266

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine ~~Louise~~ Klein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th June, 1897.
4. Place of Birth, (Street and Number) 1236 E. Fairmount
5. Full Name of Mother, Kady Klein
6. Mother's Maiden Name, Kate Wagner
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, George P. Klein
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Gerik midwife

Address, 1417 E. Eager St

Remarks,

8470005302

Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 85267

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4te

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 4ten
4. *Place of Birth, (Street and Number)* Fairmont Ave 2503
5. *Full Name of Mother,* Mathilde Thomas
6. *Mother's Maiden Name,* Leistner
7. *Mother's Birthplace,* Hessen Germany
8. *Full Name of Father,* Adolph Thomas
9. *Father's Occupation* Architect
10. *Father's Birthplace,* Tottingen Germany

*Name of Medical Attendant,* or other person who makes this Return, Anna Seidel

*Address,* 211 W Pratt St

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005303

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, the name (if any shall have been conferred) its sex, color, the full name and occupation of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85268

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 10 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | W. |
| 3. *Date of Birth,* | Aug 10 9) |
| 4. *Place of Birth, (Street and Number)* | Md Gen. Hosp. |
| 5. *Full Name of Mother,* | Bertha Klatt. |
| 6. *Mother's Maiden Name,* | Bertha Neuderhoff. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Gustav Klatt. |
| 9. *Father's Occupation* | Brass Founder |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L Todd |
| *Address,* | Md. Gen. Hosp. |
| *Remarks,* | |

8970005304

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85269

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 11th 1897
4. Place of Birth, (Street and Number) 3127 Dillon St
5. Full Name of Mother, Eliza M. Roberts
6. Mother's Maiden Name, " " Henderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry F Roberts
9. Father's Occupation, Clerk.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. L. Richardson

Address, 911 Canton St

Remarks,

8970005305

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85270

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | Aug 11-97 |
| 4. *Place of Birth, (Street and Number)* | 123 E. Chapel |
| 5. *Full Name of Mother,* | Mattie Taylor |
| 6. *Mother's Maiden Name,* | " Williams |
| 7. *Mother's Birthplace,* | New Orleans |
| 8. *Full Name of Father,* | Percy Taylor |
| 9. *Father's Occupation* | Lumber Mill |
| 10. *Father's Birthplace,* | West Indies |
| *Name of Medical Attendant,* or other person who makes this Return, | G.L. Hummer M.D. |
| *Address,* | J.H. Hospital, |
| *Remarks,* | Twin child - died 5 hours after birth |

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Wm. J. C. Dulany Co., City Printers and Stationers.

M 1236]

# RETURN OF A BIRTH. 85-271

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 11/97
4. Place of Birth, (Street and Number) 520 S. Register St.
5. Full Name of Mother, Emilie Rickert
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Rickert
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 5 3 0 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1236]

# RETURN OF A BIRTH. 85272

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 11/97
4. *Place of Birth, (Street and Number)* 1E. Pt. Castle St.
5. *Full Name of Mother,* Amalie Smith
6. *Mother's Maiden Name,* " Groetzinger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Smith
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* Mrs. Disenhofer

*Address,* MIDWIFE,

*Remarks,* 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 5 3 0 8

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85273

*To the Office of Registrar of Vital Statistics, Board of Health.*

**BALTIMORE CITY.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother (state whether 1st, 2d, 3d, &c.)* | 3 |
| 1. *Sex (state whether Male or Female)* | Female |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | Aug 11th 97 |
| 4. *Place of Birth (Street and Number)* | 1220 Ruckle St. |
| 5. *Full Name of Mother* | Ella Dolan Johnson |
| 6. *Mother's Maiden Name* | " " |
| 7. *Mother's Birthplace* | Balto. |
| 8. *Full Name of Father* | William Johnson |
| 9. *Father's Occupation* | Tobacco |
| 10. *Father's Birthplace* | Balto |
| *Name of Medical Attendant, or other Person who makes this Return.* | J. D. Lightner |
| *Address* | 1214 Linden Ave. |
| *Remarks* | |

8970005309

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-274

GIVEN NAME ADDED. 8-31-62 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Leah Teichman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4th 97.
4. Place of Birth, (Street and Number) 307 S. Caroline St.
5. Full Name of Mother, Amelia Teichman
6. Mother's Maiden Name, Amelia Goldberg.
7. Mother's Birthplace, Russia
8. Full Name of Father, Osias Teichman
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. A. J. Lacias M.D.

Address, 926 Madison Ave.

Remarks, Filed 1897

8970005310

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 83275

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Aug 11 '97.
4. *Place of Birth, (Street and Number)* MD Gen. Hospital
5. *Full Name of Mother,* Lizzie Mauer.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Ecken.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd M.D.

*Address,* MD. Gen. Hosp.

*Remarks,*

8970005311

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name and occupation of its parents, of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1236.]

# RETURN OF A BIRTH. 85276

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 12 Aug, 1897
4. Place of Birth, (Street and Number) 809 N. Front St
5. Full Name of Mother, Mary Collins
6. Mother's Maiden Name, Mary Naylon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Alexander Collins
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore and

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Pitt Middleton

Address, 417 E Eager St

Remarks,

8970005312

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85277

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of August
4. Place of Birth, (Street and Number) 104 Greenmount ave
5. Full Name of Mother, Ida Thompson
6. Mother's Maiden Name, Ida Rine
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Carlton C Thompson
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Annie O'Brien

Address, 402 Greenmount ave

Remarks, City

8970005313

Wm. J. C. Dulany Co., City Printers and Stationers

[1236.]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85278

GIVEN NAME ADDED. 6-11-62 [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frances Palewicz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1: St

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 12/97
4. Place of Birth, (Street and Number) #726 S. Luzzune St
5. Full Name of Mother, Antonene Palewicz.
6. Mother's Maiden Name, A. Stenska
7. Mother's Birthplace, Germany
8. Full Name of Father, Vincenty Palewicz.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begion.

Address, #721 S. Ann St

Remarks, Full Time

8 4 7 0 0 0 5 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85279

GIVEN NAME ADDED 9/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nellie Hill

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | Aug 12-97 |
| 4. *Place of Birth, (Street and Number)* | 1706 Mulliken |
| 5. *Full Name of Mother,* | Lydia Hill |
| 6. *Mother's Maiden Name,* | " Dorsey |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Richard A Hill |
| 9. *Father's Occupation* | Finnish |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | G L Hummer M.D. |
| *Address,* | J H Hospital |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85280

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 17 97 |
| 4. *Place of Birth, (Street and Number)* | 928 Chase St. |
| 5. *Full Name of Mother,* | Susan Boland |
| 6. *Mother's Maiden Name,* | Canby |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | John Boland. |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | J. H. Robinson M.D. |
| *Address,* | 726 E. Lanvale St. |
| *Remarks,* | |

8970005316

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its Parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

# RETURN OF A BIRTH. 85281

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6. Liv. |
| 1. *Sex, (state whether male or female)* | male. |
| 2. *Race or Color, (if not of the white race)* | white. |
| 3. *Date of Birth,* | 13th August. 1897. |
| 4. *Place of Birth, (Street and Number)* | 1120. Schopik st. |
| 5. *Full Name of Mother,* | Zilla Grabarek. |
| 6. *Mother's Maiden Name,* | Picut. |
| 7. *Mother's Birthplace,* | Germany. |
| 8. *Full Name of Father,* | Stepan Grabarek. |
| 9. *Father's Occupation* | Labor. |
| 10. *Father's Birthplace,* | Germany. |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. P. Seitzemann. |
| *Address,* | 2922 Elliott St. |
| *Remarks,* | |

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005317

FM 1236]

# RETURN OF A BIRTH. 85282

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14 Aug 97

4. Place of Birth, (Street and Number) 1305 Aisquith St

5. Full Name of Mother, Agnes Kemp

6. Mother's Maiden Name, Agnes Hanley

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Kemp

9. Father's Occupation Clerk

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Houghton Bayley Md

Address, 307 E. 22nd St

Remarks,

8970005318

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85283

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 17 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | Aug. 17 93. |
| 4. *Place of Birth, (Street and Number)* | 1015 Jarvis alley. |
| 5. *Full Name of Mother,* | Lizzie Brooks. |
| 6. *Mother's Maiden Name,* | " Truitt. |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Chas Brooks |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd. |
| *Address,* | Md. Gen. Hosp. |
| *Remarks,* | |

8970005319

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or midwife, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85284

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 14, 1897

4. Place of Birth, (Street and Number) No 136 Gilling St

5. Full Name of Mother, Irene Ella Poole

6. Mother's Maiden Name, Irene Ella Bruce

7. Mother's Birthplace, Towanda Pa

8. Full Name of Father, William Colbaugh Jr

9. Father's Occupation, Letter Carrier

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. H. Dent Palen

Address, 501 East Clement St

Remarks,

8970005320

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

# RETURN OF A BIRTH. 85285

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 15th. 1897. |
| 4. *Place of Birth, (Street and Number)* | 833 Willow St. |
| 5. *Full Name of Mother,* | Mrs. Amanda Black. |
| 6. *Mother's Maiden Name,* | Amanda Clayman. |
| 7. *Mother's Birthplace,* | Belair Maryland |
| 8. *Full Name of Father,* | Wm. J. Black. |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant, or other person who makes this Return,* | Chas. E. Brack M. D. |
| *Address,* | Government Asst 20th St. |
| *Remarks,* | |

8970005321

**Rules.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85286

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Aug 15 1897
4. *Place of Birth, (Street and Number)* 413 E. North Ave
5. *Full Name of Mother,* Elizabeth K. Hewitt
6. *Mother's Maiden Name,* Elizabeth K. Bichy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Stephen A. Hewitt
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Emma Talbot

*Address,* 316 E. Eutaw St

*Remarks,*

8970005322

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85287

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the names and residences of all persons who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 16th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 15 Aug
4. *Place of Birth,* (*Street and Number*) 2002 Boyer st
5. *Full Name of Mother,* Mary McGuire
6. *Mother's Maiden Name,* Mary Egan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick McGuire
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Virg

*Name of Medical Attendant,* or other person who makes this Return, Mrs. J Pitt midwife

*Address,* 1417 E Eager st,

*Remarks,*

8 9 7 0 0 0 5 3 2 3

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# RETURN OF A BIRTH. 85288

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph K T Meads, Jr.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c) | 8th |
| 1. Sex, (state whether male or female) | Male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | August 15, 1897 |
| 4. Place of Birth, (Street and Number) | 1620 N. Bond st |
| 5. Full Name of Mother, | Sarah Meads |
| 6. Mother's Maiden Name, | Sarah Kaman |
| 7. Mother's Birthplace, | Balto. md. |
| 8. Full Name of Father, | Joseph Meads |
| 9. Father's Occupation, | machinist |
| 10. Father's Birthplace, | Balto. md. |
| Name of Medical Attendant, or other person who makes this Return. | W. H. Johnson M.D. |
| Address, | 1916 East Pratt st. |
| Remarks, | |

8 9 7 0 0 0 5 3 2 4

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register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85289

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | Aug 15 '99 |
| 4. *Place of Birth, (Street and Number)* | 539 Orchard St. |
| 5. *Full Name of Mother,* | Nancy Hinson |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Essex Co Va. |
| 8. *Full Name of Father,* | Hezekiah Hinson. |
| 9. *Father's Occupation* | Laborer. |
| 10. *Father's Birthplace,* | Anne Arundel Co Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd |
| *Address,* | Md. Gen. Hosp. |
| *Remarks,* | |

8970005325

**Health.** This schedule shall contain a list of the births which have occurred since the last report, and the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85290

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Aug 16 '97
4. *Place of Birth, (Street and Number)* Md Gen. Hosp.
5. *Full Name of Mother,* Ida Banks
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Daniel Jackson.
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Va.

*Name of Medical Attendant, or other person who makes this Return,* M. L. T. & M. D.

*Address,* Md. Gen. Hosp

*Remarks,*

8970005326

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of each child, (if any shall have been conferred,) its sex, color, &c., and shall be signed by the practitioner in attendance upon the birth. In case the birth person be in said schedule shall be delivered, or should no other person be in the office of the Commissioner of Health, or should no other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1236

# RETURN OF A BIRTH. 85291

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8th

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 16 August 1907

4. *Place of Birth, (Street and Number)* 1611 Eastern Ave

5. *Full Name of Mother,* Mary Steele Weikersheim

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Obert & Fiehl Thomas

9. *Father's Occupation*

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Anna Gerhart

*Address,* 1611 Eastern Ave

*Remarks,*

8 9 7 0 0 0 5 3 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

# RETURN OF A BIRTH. 85292

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3th

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 16th August. 1897.
4. *Place of Birth, (Street and Number)* 109. East 7 mo.
5. *Full Name of Mother,* Kate Kurs.
6. *Mother's Maiden Name,* Irini
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Kurs.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Baltimore.

*Name of Medical Attendant,* or other person who makes this Return, Mr P. Lemmon.

*Address,* 2422 Elliott St.

*Remarks,*

8 9 7 0 0 0 5 3 2 8

Register of such births, and shall enter into the same the particulars of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 85293

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | 5th of August 1897 |
| 4. *Place of Birth, (Street and Number)* | 56 Ruxton Ave |
| 5. *Full Name of Mother,* | Maria Cotton |
| 6. *Mother's Maiden Name,* | Silva |
| 7. *Mother's Birthplace,* | Brazil |
| 8. *Full Name of Father,* | Jesse Cotton |
| 9. *Father's Occupation* | Car Builder |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other person who makes this Return, | Jesse Campbell |
| *Address,* | 1017 W Baltimore St |
| *Remarks,* | |

1897000005329

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85294

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17th July 1912
4. Place of Birth, (Street and Number) E. Baltimore St
5. Full Name of Mother, Fanny Ortman
6. Mother's Maiden Name, F. Knight
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, George Ortman
9. Father's Occupation Confectioner
10. Father's Birthplace, Baltimore md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Birkmeier

Address, 1417 E. Eager St

Remarks,

8 4 7 0 0 0 5 3 3 0

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 85295

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 17 1897
4. *Place of Birth, (Street and Number)* 4 N Milton Ave.
5. *Full Name of Mother,* Mina Parr
6. *Mother's Maiden Name,* " Wernette
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adam Parr
9. *Father's Occupation* Cotter
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Diesenhofer

*Address,* MIDWIFE,

*Remarks,* 2225 Gough ... Baltimore, Md.

8970005331

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of Births, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-296

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 5th 1897 |
| 4. *Place of Birth, (Street and Number)* | 922 Columbia ave |
| 5. *Full Name of Mother,* | Winnie Langlottig |
| 6. *Mother's Maiden Name,* | " Chapman |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | John Langlottig |
| 9. *Father's Occupation,* | Cigar maker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Ellis & Garee |
| *Address,* | 830 Columbia ave |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85297

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 9th 1897
4. Place of Birth, (Street and Number) 540 W. Franklin
5. Full Name of Mother, Agnes Loretta Byrnes
6. Mother's Maiden Name, McGuigan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph James Byrnes
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address, 1801 Madison Ave.

Remarks,

8970005333

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85298

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| Name of Child: J. Ray Purvis | |
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | Fourth |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | White |
| 3. Date of Birth, | aug 9th 1897 |
| 4. Place of Birth, (Street and Number) | 1247 James St |
| 5. Full Name of Mother, | Annie Purvis |
| 6. Mother's Maiden Name, | " Fredericks |
| 7. Mother's Birthplace, | Maryland |
| 8. Full Name of Father, | James C Purvis |
| 9. Father's Occupation | conductor |
| 10. Father's Birthplace, | North Carolina |
| Name of Medical Attendant, or other person who makes this Return. | Ellis b. Garee M D |
| Address, | 830 Columbia ave |
| Remarks, | |

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005374

...(state) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...midwifery, or should no other person be in ...physician or practitioner of a shall become the duty of the person or parents of such ...mother, immediately thereafter it shall be the duty of the person or parents of such ...manner and within the period above required, and ...Commissioner of Health, in the manner and within the provisions of this section shall be sub- ...who shall hereafter fail to comply with the provisions of this section shall be sub- ...persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85299

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th (Seventh

1. Sex, (state whether male ~~or female~~) Male
2. Race or ~~Color~~, (if not of the white race) White
3. Date of Birth, August 10th 1897
4. Place of Birth, (Street and Number) 1019 Clifton Place
5. Full Name of Mother, Mary Regina Steinmeier
6. Mother's Maiden Name, Mary Regina Mooney
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Emory Steinmeier
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, John M. Slowan Md.

Address, 1935 Hopkins Ave City

Remarks,

897 005335

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

# RETURN OF A BIRTH. 85300

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 13th 1897 |
| 4. *Place of Birth, (Street and Number)* | 218 S Caney St |
| 5. *Full Name of Mother,* | Mamie Fullum |
| 6. *Mother's Maiden Name,* | " Hackett |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Jos Fullum |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Ellis L. Garse M.D. |
| *Address,* | 830 Columbia Ave |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85301

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 15th 1897 |
| 4. *Place of Birth, (Street and Number)* | 325 Gilmor St. |
| 5. *Full Name of Mother,* | Katie Conley |
| 6. *Mother's Maiden Name,* | " Yeager |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Wm Conley |
| 9. *Father's Occupation* | Diner |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Ellis le Garee M.D. |
| *Address,* | 830 Lexington ave |
| *Remarks,* | |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85302

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~White~~ W.
3. Date of Birth, Aug 12 1900.
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Sophia Bosley.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Hartman.
9. Father's Occupation Sailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd M.D.

Address, Md. Genl. Hosp.

Remarks,

8 4 7 0 0 0 5 3 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 85303

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 17, 1897 |
| 4. *Place of Birth, (Street and Number)* | 2010 Boyd St. |
| 5. *Full Name of Mother,* | Carrie Kemp McDaniel |
| 6. *Mother's Maiden Name,* | Lamar |
| 7. *Mother's Birthplace,* | Frederick, Md. |
| 8. *Full Name of Father,* | James Edw. McDaniel |
| 9. *Father's Occupation,* | Printer |
| 10. *Father's Birthplace,* | Frederick, Md. |
| *Name of Medical Attendant,* or other person who makes this Return. | John Hood, M.D. |
| *Address,* | 16 S. Gilmor St |
| *Remarks,* | |

8470005339

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# RETURN OF A BIRTH. 85304

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name [redacted], George Bryan Greer

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 17 97 |
| 4. *Place of Birth, (Street and Number)* | 404 E Chase St. |
| 5. *Full Name of Mother,* | M. (Grier) Greer |
| 6. *Mother's Maiden Name,* | M. Brown |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | W. H. (Grier) Greer |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | J. H. Robinson M.D. |
| *Address,* | 726 E. Pleasant St |
| *Remarks,* | |

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month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85305

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Aug. 18th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1583 Ensor St. |
| 5. *Full Name of Mother,* | Emma Hawkins |
| 6. *Mother's Maiden Name,* | Emma Guilliams |
| 7. *Mother's Birthplace,* | Homestead Pa. |
| 8. *Full Name of Father,* | Joseph F. Hawkins |
| 9. *Father's Occupation* | Sta. Engineer |
| 10. *Father's Birthplace,* | B. A. County Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Chas O'Brien |
| *Address,* | 902 Greenmount Ave |
| *Remarks,* | |

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...occupation of its parents, the date and place of birth, and the ... full name and occupation ... practitioner in the form of a certificate between the first and ... been conferred) its sex, color, the ... said schedule, shall be delivered, daily signed by the ... of the Commissioner of Health, or ... said every month to the office of ... or practioner of midwifery, of the person or parents of such ... third day of each and every month to the ... shall occur without the attendance of a physician or practioner it shall become the duty of the period above required, and ... attendance upon birth to the Commissioner of Health, in the manner and within the ... child to report its birth to the Commissioner of Health, in the manner and within the ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85306

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1897

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 August
4. Place of Birth, (Street and Number) 203 W. 23 Street
5. Full Name of Mother, Mary E. Binder
6. Mother's Maiden Name, Mary E. Taylor
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George S Binder
9. Father's Occupation Fireman
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whitehall Street

Remarks,

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# RETURN OF A BIRTH. 85307

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Oct 11-97

4. Place of Birth, (Street and Number) 401 N Levin St.

5. Full Name of Mother, Louisa Mitchell

6. Mother's Maiden Name, " Brown

7. Mother's Birthplace, Balto

8. Full Name of Father, Elisha Mitchell

9. Father's Occupation Jobwork

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G. L. Thumm M.D.

Address, Jh Hospital

Remarks,

8 9 7 0 0 0 5 3 4 3

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Health. This section must be filled out by the parent informant the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85308

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 18 97 |
| 4. *Place of Birth, (Street and Number)* | 1337 Hillman St. |
| 5. *Full Name of Mother,* | Margaret Mullen Russell |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Md. |
| 8. *Full Name of Father,* | P J Mullen |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | J H Robinson MD |
| *Address,* | 1166 E. Preston St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85309

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | Aug 18 '97. |
| 4. *Place of Birth, (Street and Number)* | Md. Gen. Hosp. |
| 5. *Full Name of Mother,* | Hannie Redden |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Wm. Washington |
| 9. *Father's Occupation* | Coachman. |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd M.D. |
| *Address,* | Md Gen. Hosp. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 83310

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 18/97.

4. Place of Birth, (Street and Number) 2224 Druid Hill Ave.

5. Full Name of Mother, Rosaline Graham

6. Mother's Maiden Name, Armiger

7. Mother's Birthplace, Fairhaven Anne Arundel Co. Md.

8. Full Name of Father, Robert M. Graham

9. Father's Occupation Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. H. Armistead M.D. pro. E.C.G.

Address, 1801 Madison Ave. —

Remarks,

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mother's full name as the same can be ascertained, the name of the child, if any, at the time of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85311

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as the case may be the full name and occupation of its parents, the date and place of birth, and if said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 8/97 |
| 4. *Place of Birth, (Street and Number)* | #153 Falls Road |
| 5. *Full Name of Mother,* | Emma Gertrude Kellaugh |
| 6. *Mother's Maiden Name,* | " " Hesloway |
| 7. *Mother's Birthplace,* | Carroll Co. Md. |
| 8. *Full Name of Father,* | Allen B. Kellaugh |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Frederick Co. Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Jno. A. Fedderman M.D. |
| *Address,* | #102 Chestnut Ave. |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85312

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Col |
| 3. *Date of Birth,* | 18 August 1897 |
| 4. *Place of Birth, (Street and Number)* | 322 Bell St |
| 5. *Full Name of Mother,* | Sarah Winston |
| 6. *Mother's Maiden Name,* | " Edmonds |
| 7. *Mother's Birthplace,* | Virginia |
| 8. *Full Name of Father,* | Chas Winston |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant, or other person who makes this Return,* | Haughton Bayly MD |
| *Address,* | 301 E 22nd St |
| *Remarks,* | Normal |

" "

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month, and shall set forth as far as the same can be ascertained, the full name or each child, if any such have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY

# RETURN OF A BIRTH. 85313

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child to any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 19/97 |
| 4. *Place of Birth, (Street and Number)* | 1129 Eutaw St |
| 5. *Full Name of Mother,* | Mary O'Connor |
| 6. *Mother's Maiden Name,* | Mary McDermott |
| 7. *Mother's Birthplace,* | Balto Md |
| 8. *Full Name of Father,* | George F O'Connor |
| 9. *Father's Occupation* | Marble Cutter |
| 10. *Father's Birthplace,* | Balto Md. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Annie O'Brien |
| *Address,* | 102 Fremont ave |
| *Remarks,* | |

8970005349

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-17-59

# RETURN OF A BIRTH. 85314

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Glass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 19th 97
4. Place of Birth, (Street and Number) 616 Patterson St
5. Full Name of Mother, Ida Glass
6. Mother's Maiden Name, Ida Klavonsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Glass
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. A. J. Radcliffe M.D.

Address, 926 Madison Ave.

Remarks,

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Section 1. The attending physician or midwife in the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85315

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1. th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17th August 1897.
4. *Place of Birth, (Street and Number)* 825 Mainzerstrasse.
5. *Full Name of Mother,* Marie Gabelski
6. *Mother's Maiden Name,* Spiess
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Witek Gabelski
9. *Father's Occupation* Labrer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs P. Lessemann

*Address,* 2922 Elliott St.

*Remarks,*

8970005351

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85316

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* VII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 19/97
4. *Place of Birth, (Street and Number)* 1206 Ashland Ave.
5. *Full Name of Mother,* Matilda Mahoney
6. *Mother's Maiden Name,* Cook
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* William D. Mahoney
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Dinsholer.

*Address,* MIDWIFE,

*Remarks,* 2225 Gough St. Baltimore, Md.

8970005352

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# RETURN OF A BIRTH. 85317

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 19th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1178 Bowen St |
| 5. *Full Name of Mother,* | Ada McCullough |
| 6. *Mother's Maiden Name,* | Miller |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | Bernard W. McCullough |
| 9. *Father's Occupation* | Express |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other person who makes this Return, | Ellis L. Garee M.D. |
| *Address,* | 830 Columbia ave |
| *Remarks,* | |

It shall be the duty of the Physician or Midwife in attendance upon any case of birth occurring after the passage of this ordinance, to report the same to the Commissioner of Health within ten days after the occurrence thereof, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85318

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 19 97 |
| 4. *Place of Birth, (Street and Number)* | 975 Chase St. |
| 5. *Full Name of Mother,* | Margaret Hulin |
| 6. *Mother's Maiden Name,* | " Krah |
| 7. *Mother's Birthplace,* | Md |
| 8. *Full Name of Father,* | Henry Hulin |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Md |
| *Name of Medical Attendant,* or other person who makes this Return, | J H Robinson M.D. |
| *Address,* | 736 E. Fusten St |
| *Remarks,* | |

8 4 7 0 0 0 5 3 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the full name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85319

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 1/2

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 20/97
4. *Place of Birth, (Street and Number)* #1824 Alice Anna St
5. *Full Name of Mother,* Kattey Gora.
6. *Mother's Maiden Name,* K. Studgenska.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Flournoe Gora.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Begior.

*Address,* #721 S. Ann St

*Remarks,* Full Time

8 7 7 0 0 0 5 3 5 5

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85320

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20. 1897
4. Place of Birth, (Street and Number) 2040 S Charles st.
5. Full Name of Mother, Mary Murphy
6. Mother's Maiden Name, Mary Grady
7. Mother's Birthplace, Berkshire England.
8. Full Name of Father, Nicholas Murphy.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Harry Gross, M.D.

Address, 1340 S Charles st.

Remarks,

1897 0005356

Wm J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Health. This schedule shall contain a list of the names of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85321

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. St

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20/97
4. Place of Birth, (Street and Number) # 619 Dimmlings. Court
5. Full Name of Mother, Amalie Göbel.
6. Mother's Maiden Name, A. Kenell.
7. Mother's Birthplace, Germany
8. Full Name of Father, Gust Göbel.
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier.

Address, # 721 S. Ann St

Remarks, Full Time

8970005357

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85322

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 27 97

4. Place of Birth, (Street and Number) 27 S. Durham St.

5. Full Name of Mother, Mary Holmes

6. Mother's Maiden Name, Thone

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Holmes

9. Father's Occupation Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieckhaus.

Address, MIDWIFE,

Remarks.

8970005 22 3 5 8

Baltimore, Md.

Wm. J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occ... said schedule shall be delivered, duly signed by the pr... third day of each and every month to the office of th... shall occur without the attendance of a physician or ... attendance upon the mother, immediately thereafter ... child to report its birth to the Commissioner of Health ... any such person or persons who shall hereafter fail to ... jected to the fine of ten (10) dollars for each offence, to ...

Over

# RETURN OF A BIRTH. 85-323

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

Name of Child: Louise Marie Shepard

*No. of Child of Mother,* (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 27 august 1897
4. *Place of Birth,* (*Street and Number*) [illegible] June
5. *Full Name of Mother,* [illegible] Shepard
6. *Mother's Maiden Name,* Koch
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Charles
9. *Father's Occupation* tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Alice Bteen

*Address,* colvin st

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8970005359

# RETURN OF A BIRTH. 85324

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 May

4. Place of Birth, (Street and Number) 58 North Market Place

5. Full Name of Mother, Frida Matthiessing

6. Mother's Maiden Name, Frida Domar

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Matthiessing

9. Father's Occupation Barkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith midwife

Address, 417 E Eager St

Remarks,

8477000053 60

said schedule shall be delivered, daily signed by the practitioner in the form of a certificate [illegible] and every child born, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85325

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 20 97
4. *Place of Birth, (Street and Number)* 522 S. Madeira Alley
5. *Full Name of Mother,* Annie Lapp
6. *Mother's Maiden Name,* Mueller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Andrew Lapp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Disenhofer.

*Address,* MIDWIFE.

*Remarks,* 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 5 3 6 1

months, and every case of still-birth, the name and full occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85326

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 20 1894 |
| 4. *Place of Birth, (Street and Number)* | 542 Fallsroad |
| 5. *Full Name of Mother,* | Mary E. Mc Miller |
| 6. *Mother's Maiden Name,* | Loeffler |
| 7. *Mother's Birthplace,* | Baltimore city |
| 8. *Full Name of Father,* | Benjamin C. Miller |
| 9. *Father's Occupation* | Brick layer |
| 10. *Father's Birthplace,* | Baltimore County |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs. Hattie E. Reid |
| *Address,* | 575 Union ave, Hampden, Balto. Md. |
| *Remarks,* | |

8 9 7 0 0 0 5 3 6 2

...sioner of Health. In case the birth of any child ...er of midwifery, or should no other person be in ...become the duty of the person on whose premises ...manner and within the period above required, and ...with the provisions of this section shall be sub... ...ered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the Commissioner ... shall occur without the attendance of a physician or practioner of mi... ... shall become ... attendance upon the mother, immediately thereafter it shall become ... child to report its birth to the Commissioner of Health, in the manner ... any such person or persons who shall hereafter fail to comply with the ... jected to the fine of ten (10) dollars for each offence, to be recovered as

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# RETURN OF A BIRTH. 85327

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21 St 1897
4. Place of Birth, (Street and Number) #618 S. Wolfe St
5. Full Name of Mother, Annie Swigon.
6. Mother's Maiden Name, A Dzenisky
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Swigon.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begier.

Address, #721 S. Ann St

Remarks, Full Time

8 7 7 0 0 0 5 3 6 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every birth occurring in the City of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of each child, and any physician, midwife or other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85328

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Aug 21 '97.
4. Place of Birth, (Street and Number) Md. Genl. Hosp.
5. Full Name of Mother, Gertrude Jenkins.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Benj. Jenifer
9. Father's Occupation Road Contr.
10. Father's Birthplace, Calvert Co.

Name of Medical Attendant, or other person who makes this Return. W. L. Todd, M.D.

Address, Md. Genl. Hosp.

Remarks,

8970005364

months, &c.) and the full name and occupation of its parents, the date and place of birth, and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85329

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) C.
3. Date of Birth, Aug 21 97
4. Place of Birth, (Street and Number) 915 Cedar Court
5. Full Name of Mother, Ella Arthur.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. Scott.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, M. L. Todd

Address, MD. Gen. Hosp.

Remarks,

8970005365

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CERTIFICATE CORRECTED 4-19-65

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# RETURN OF A BIRTH. 85330

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Lammers GEORGE LAMMERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21st August 1897.

4. Place of Birth, (Street and Number) 2410 Odonnell St.

5. Full Name of Mother, Jamie ~~Lamm~~ (Lammers)

6. Mother's Maiden Name, Magess.

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Josep ~~Lamm~~ (Lammers)

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs F Lierseman.

Address, 2422 E Eliott St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85331

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~1405 W. Lanvale St~~ - Aug. 3d. - 1897.
4. Place of Birth, (Street and Number) 1405 W. Lanvale St
5. Full Name of Mother, Mary M. McCann -
6. Mother's Maiden Name, Knight -
7. Mother's Birthplace, Va -
8. Full Name of Father, Walter E. McCann -
9. Father's Occupation, Editor -
10. Father's Birthplace, Balto. City - Md.

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith - M. D.

Address, Harlem av. & Calhoun St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85332

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Augusti 1894
4. *Place of Birth, (Street and Number)* 2010 Fairmont av
5. *Full Name of Mother,* Lina Metzel
6. *Mother's Maiden Name,* Lina Lennert
7. *Mother's Birthplace,* Baltimor Md
8. *Full Name of Father,* Wediam Metzel
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Baltimor

*Name of Medical Attendant, or other person who makes this Return,* Ellen Smith

*Address,* 507 S Washington St

*Remarks,*

8970005368

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# RETURN OF A BIRTH. 85333

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Agusti 1897
4. Place of Birth, (Street and Number) 1612 Gough St
5. Full Name of Mother, Krustine Schultz
6. Mother's Maiden Name, Krustine Gordin
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, Orbe Schultz
9. Father's Occupation Plomber
10. Father's Birthplace, Baltimor Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8970005369

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85334

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 21 97

4. Place of Birth, (Street and Number) 205 No. Front St.

5. Full Name of Mother, Katie Goedstein

6. Mother's Maiden Name, Katie Mazelowsky

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Goedstein

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. H. Robertson MD; 326 E. Pratt St

Address,

Remarks,

8470095370

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Every person having been present at the birth of a child, or having been in attendance upon the mother thereof, shall make a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of midwifery, or should no other person be in attendance upon birth, the Commissioner of Health may require the parents of such child to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of midwifery, or should no other person be in attendance upon birth to the office or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, and it shall become the duty of the

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85335

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22 nd 1877
4. Place of Birth, (Street and Number) # 919 Fell St
5. Full Name of Mother, Vitora Folitowska
6. Mother's Maiden Name, V. Wilcenska.
7. Mother's Birthplace, Astra
8. Full Name of Father, John Folitowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Begiet.

Address, # 721 S. Ann St

Remarks, Full Time

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# RETURN OF A BIRTH. 85336

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 22 th August 1897.
4. *Place of Birth, (Street and Number)* 1020 Curley St.
5. *Full Name of Mother,* Franz Schichofski
6. *Mother's Maiden Name,* Pamenski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Schichofski
9. *Father's Occupation* Sabrol.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs F. Liessemann

*Address,* 2922 Elliott St.

*Remarks,*

8970095372

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# RETURN OF A BIRTH. 85387

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 23 1899 |
| 4. *Place of Birth, (Street and Number)* | 4 6 Lytle st city |
| 5. *Full Name of Mother,* | Margaret D. Mossup |
| 6. *Mother's Maiden Name,* | Martin |
| 7. *Mother's Birthplace,* | Pulpinore city |
| 8. *Full Name of Father,* | John J Mahoney |
| 9. *Father's Occupation* | Coarse Shiner |
| 10. *Father's Birthplace,* | Baltimore city |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Hunter & Ring, |
| *Address,* | 575 Hilton ave, |
| *Remarks,* | Hampden, Balto |
| | 8 9 7 0 0 0 5 3 7 3 Md |

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# RETURN OF A BIRTH. 85338

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22nd Aug 97

4. Place of Birth, (Street and Number) 1203 Battery Ave

5. Full Name of Mother, Mary E Buckmaster

6. Mother's Maiden Name, " " Lowry

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas H Buckmaster

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Yarnall

Address, 1000 E Fort Ave

Remarks,

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...been conferred) its sex, color, the full name and occupation of its parents, the date and ...been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the physician or practitioner to the Commissioner of Health. In case the birth of any child third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85339

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Fifth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Monday August 23rd 1897
4. *Place of Birth, (Street and Number)* 2641 Pennsylvania Ave.
5. *Full Name of Mother,* Ellen Werner
6. *Mother's Maiden Name,* Ellen Kilroy
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Anthony J. Werner
9. *Father's Occupation* Mason
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant,* or other person who makes this Return, Mrs Lizzie Diven

*Address,* 2642 Ivan st

*Remarks,*

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tion of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of said schedule shall be delivered duly signed by the practitioner third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner attendance upon the mother, immediately thereafter, it shall be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85340

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* II

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Aug 22. 1897
4. *Place of Birth, (Street and Number)* 825 McKim St N.
5. *Full Name of Mother,* Susie Roberts
6. *Mother's Maiden Name,* Susie Newman
7. *Mother's Birthplace,* Middletown Pennsylvania
8. *Full Name of Father,* Herbert Roberts
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore County Md.

*Name of Medical Attendant,* or other person who makes this Return, W. S. Davis M.D.

*Address,* Johns Hopkins Hospital

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85341

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 22nd 1887

4. Place of Birth, (Street and Number) N. W. Cor. Preston St. & Harford Ave.

5. Full Name of Mother, Annie Gaffney

6. Mother's Maiden Name, Annie Cahrgel

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, John T. Gaffney

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 130 N. Central Ave.

Remarks,

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month, and shall be such as to the best of his knowledge and belief is the true name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85342

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Aug 22 '89.
4. *Place of Birth, (Street and Number)* Md. Gen. Hosp.
5. *Full Name of Mother,* Lillie Smith.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Chas. Parish
9. *Father's Occupation* Dairyman.
10. *Father's Birthplace,* Balt. Co.

*Name of Medical Attendant,* or other person who makes this Return, W. L. Todd M.D.

*Address,* Md. Gen. Hosp.

*Remarks,*

8970005378

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85-343

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Aug 23'93.
4. *Place of Birth, (Street and Number)* Md. Genl. Hosp.
5. *Full Name of Mother,* Nellie Smith.
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Prince Georges Co.
8. *Full Name of Father,* Jno. Fountain.
9. *Father's Occupation* Hostler.
10. *Father's Birthplace,* Va.

*Name of Medical Attendant,* or other person who makes this Return, M. L. Todd

*Address,* Md. Genl. Hosp.

*Remarks,*

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Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85344

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of August 95.
4. Place of Birth, (Street and Number) 36 Garrison Lane
5. Full Name of Mother, Antonie Klein
6. Mother's Maiden Name, Antonie Gerst
7. Mother's Birthplace, Balto
8. Full Name of Father, John Klein
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85345

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | tenth 10 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 23rd |
| 4. *Place of Birth, (Street and Number)* | 810 S Fremont ave |
| 5. *Full Name of Mother,* | Mary Annie Beck |
| 6. *Mother's Maiden Name,* | Mary Annie Reed |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Ernest Munroe Beck |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Miss Wisnach |
| *Address,* | 800 Leadenhall Street |
| *Remarks,* | |

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been committed to the Jail, Court House or Penitentiary, shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85346

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 23rd 1897
4. Place of Birth, (Street and Number) 426 Durham
5. Full Name of Mother, Sarah Miller
6. Mother's Maiden Name, Sarah Miller
7. Mother's Birthplace, Maryland
8. Full Name of Father, Basil Henson
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 1157 Lombard St.

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85-347

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Male~~ 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23rd 97
4. Place of Birth, (Street and Number). 320 N. Greene St.
5. Full Name of Mother, Daisy M. Kirk
6. Mother's Maiden Name, Daisy M. Sands
7. Mother's Birthplace, Hagerstown Md.
8. Full Name of Father, Edwin F. Kirk
9. Father's Occupation Clerk
10. Father's Birthplace, Stafford, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okie. M.D.

Address, 1703 W. Fayette St.

Remarks,

8970005383

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85348

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 Th

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 23/97
4. *Place of Birth, (Street and Number)* #1925 Alice Anna St
5. *Full Name of Mother,* Rebaca Goldstine.
6. *Mother's Maiden Name,* R. Chereberkt.
7. *Mother's Birthplace,* London Ingland.
8. *Full Name of Father,* Jamal Goldstine.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Begier.

*Address,* #721 S. Ann St

*Remarks,* Full Time

Full name - Edward (Goldstein) Gibson

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been conferred) its sex, color, the full name and occupation of its said schedule shall be delivered, duly signed by the practitioner in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of attendance upon the mother, immediately thereafter it shall become the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85049

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 23rd 1847
4. Place of Birth, (Street and Number) 498 N High st.
5. Full Name of Mother, Mira Hatfield
6. Mother's Maiden Name, Odenin
7. Mother's Birthplace, Maryland
8. Full Name of Father, Asa Hatfield
9. Father's Occupation, Salesman
10. Father's Birthplace, Kentucky

Name of Medical Attendant, or other person who makes this Return. Dr. Mitchell

Address, 130 n Exeter

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85350

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 28, 1897.
4. Place of Birth, (Street and Number) 710 Bluecher ave.
5. Full Name of Mother, Rosa L. Hughes.
6. Mother's Maiden Name, Curlis.
7. Mother's Birthplace, Va.
8. Full Name of Father, William Thomas Hughes.
9. Father's Occupation Molderman.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85351

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 23 ( 6 o'clock P. M.
4. *Place of Birth, (Street and Number)* 242 Harford Road
5. *Full Name of Mother,* Carey, Elizabeth Williams.
6. *Mother's Maiden Name,* Carey.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* John Arthur Williams
9. *Father's Occupation* Bricklayer.
10. *Father's Birthplace,* Balto. Md.

*Name of Medical Attendant, or other person who makes this Return,* Dr. M. Keane / for the

*Address,* Mothers Relief Society / 1212 Linden Place

*Remarks,*

8 9 7 0 0 0 5 3 8 7

month, and shall set forth as far as the same can be ascertained the full name, sex, color, if any, and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85352

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24 1857
4. *Place of Birth, (Street and Number)* 402 Webster St Homewood
5. *Full Name of Mother,* Mary Strawbridge
6. *Mother's Maiden Name,* Shannon
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* Henry Strawbridge
9. *Father's Occupation* Barber
10. *Father's Birthplace,* md

*Name of Medical Attendant,* or other person who makes this Return, Hy. Owens Mrs Burk md

*Address,* 237 Gorsuch avenue

*Remarks,*

8970005388

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# RETURN OF A BIRTH. 85353

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | 24 |
| 4. *Place of Birth, (Street and Number)* | Baltimore 220 Durham st |
| 5. *Full Name of Mother,* | Laura Virginia Stewart |
| 6. *Mother's Maiden Name,* | Laura Virginia Goldsborough |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Wm Henry Stewart |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Baltimore city |
| *Name of Medical Attendant,* or other person who makes this Return, | Susen Hooper |
| *Address,* | 123 Durham st |
| *Remarks,* | No Remarks [illegible] |

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month, and shall set forth as far as the same can be ascertained, the name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85354

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | IIII |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 29/97 |
| 4. *Place of Birth, (Street and Number)* | 17 S. Register St. |
| 5. *Full Name of Mother,* | Mary Serbe |
| 6. *Mother's Maiden Name,* | O. Stein |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | John Serbe |
| 9. *Father's Occupation* | Fireman |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Eisenhofer. |
| *Address,* | MIDWIFE. |
| *Remarks,* | 2225 Gough St. Baltimore, Md. |

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# RETURN OF A BIRTH. 85355

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 24/97
4. Place of Birth, (Street and Number) 722 Clinton St.
5. Full Name of Mother, Mary A. Mueller
6. Mother's Maiden Name, " " Becker
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Mueller
9. Father's Occupation, Organist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenhofer.

Address, MIDWIFE,

Remarks, 2225 Gough St. Baltimore, Md.

8 9 7 0 0 0 5 3 9 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85356

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 24th 97 |
| 4. *Place of Birth, (Street and Number)* | 620 Baker St |
| 5. *Full Name of Mother,* | Clara Mumsfield Moran Race |
| 6. *Mother's Maiden Name,* | " " Moran |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | James Tracy |
| 9. *Father's Occupation* | Stone mason |
| 10. *Father's Birthplace,* | Balto County Md |
| *Name of Medical Attendant,* or other person who makes this Return, | G. Frank Jones MD |
| *Address,* | 1336 N. Gilmor St |
| *Remarks,* | |

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month, and shall give to the full name and occupation of the parents of such child, and the date of birth, and the name of the street and number of the house where the birth occurred,

# RETURN OF A BIRTH. 85357

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th Aug 97
4. Place of Birth, (Street and Number) 20 W Hamburg St
5. Full Name of Mother, Martha Elliott
6. Mother's Maiden Name, " Lynch
7. Mother's Birthplace, Balto
8. Full Name of Father, Geo Elliott
9. Father's Occupation Laborer
10. Father's Birthplace, Salisbury Md

Name of Medical Attendant, or other person who makes this Return, Lyns E Yewell

Address, 650 E Fort Ave

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85358

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24th 1897
4. *Place of Birth, (Street and Number)* 1922 E Fayette Street
5. *Full Name of Mother,* Katharine Garner
6. *Mother's Maiden Name,* Katharine Granger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Garner
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs H Kron Midwife

*Address,* 1922 E Fayette Street

*Remarks,*

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mother, and the child's sex, color, the full name and occupation of its parents, the date and place of birth, and the first and middle names of the child, if any have been conferred, duly signed by the practitioner in the form of a certificate between the first and second days of each month, and in case no other person be in said schedule shall be delivered every month to the office of the Commissioner of Health. In case no other person be in attendance at the birth, the practitioner of midwifery, or should no physician or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85359

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 24th 1897
4. Place of Birth, (Street and Number) 1010 N Mount St
5. Full Name of Mother, Margaret May Mattison
6. Mother's Maiden Name, Hurley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Daniel J. Mattison
9. Father's Occupation Business Mngr.
10. Father's Birthplace, Buffalo N.Y.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat St

Remarks,

8970005395

been committed to it, or, if no such person be found, by the occupier of the house, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85360

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 24 th
4. *Place of Birth, (Street and Number)* #417 Aisquith Alley
5. *Full Name of Mother,* Kate Mercer
6. *Mother's Maiden Name,* Kate Stevens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mercer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary M. Taylor

*Address,* 411 Patterson Pk Ave

*Remarks,*

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# RETURN OF A BIRTH. 85361

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 St.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 24. (2.30 P. M.)
4. Place of Birth, (Street and Number) 913 Burgundy Alley.
5. Full Name of Mother, Emma Marie Fischer.
6. Mother's Maiden Name, Meyer.
7. Mother's Birthplace, Duisberg near Magdeburg - Germany.
8. Full Name of Father, Johann Barthelemä Fischer.
9. Father's Occupation Laborer.
10. Father's Birthplace, Lindenberg near Culmbach - Germany.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kennedy for the

Address, Mothers Relief Society 1412 Gutaw Place.

Remarks,

8970005397

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# RETURN OF A BIRTH. 85362

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, 24th August
4. Place of Birth, (Street and Number) 129 N. Montgomery
5. Full Name of Mother, Julia Richards
6. Mother's Maiden Name, Julia Hunt
7. Mother's Birthplace, Anne Arundel Co Md
8. Full Name of Father, Same
9. Father's Occupation Gen. Richards
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs C. Williams

Address, c/o Leader Hall St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85363

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)*

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

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...practitioner in the form of a certificate between the first and ...of the Commissioner of Health. In case the birth of any child ...or practioner of midwifery, or should no other person be in ...ther, it shall become the duty of the person or parents of such ...alth, in the manner and within the period above required, and ...to comply with the provisions of this section shall be sub- ...to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85364

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Grace Kennedy Third

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Aug.
4. Place of Birth, (Street and Number) 423 W. Lexington
5. Full Name of Mother, Pattie Kennedy
6. Mother's Maiden Name, Pattie
7. Mother's Birthplace, North Carolina
8. Full Name of Father, G. P. Kennedy
9. Father's Occupation Grocery Store
10. Father's Birthplace, Portsmouth Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Shuntz

Address, 2 2 ma Dolphin Ste

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85365

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 Aug 97
4. *Place of Birth, (Street and Number)* 1263 Battery Ave
5. *Full Name of Mother,* Martha Geoghagan
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Augustus Geoghagan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Dorchester Co Md

*Name of Medical Attendant,* or other person who makes this Return, Chas E Yarnall

*Address,* 600 E Fort Ave

*Remarks,*

8970005401

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# RETURN OF A BIRTH. 85-366

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 25 — 1897
4. *Place of Birth, (Street and Number)* 413 S. Bond St.
5. *Full Name of Mother,* Annie Metzger
6. *Mother's Maiden Name,* Leith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Phillip Metzger
9. *Father's Occupation* Brass - Finisher
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Stein

*Address,* 1927 E. Fort Ave.

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-367

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Aug 25 1897 430 E. North Ave
4. *Place of Birth, (Street and Number)* 1631 E North Ave
5. *Full Name of Mother,* Annie Margaret Rohefing
6. *Mother's Maiden Name,* Annie M. Kraft
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* John Preston Rohefing
9. *Father's Occupation* Boiler
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant, or other person who makes this Return,* Edmund Gibbs

*Address,* 316 E. North Ave.

*Remarks,*

8970005403

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# RETURN OF A BIRTH. 85368

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26th, 97
4. Place of Birth, (Street and Number) # 216 William St.
5. Full Name of Mother, Cora L. Brady
6. Mother's Maiden Name, Clark L. Fitzgerald
7. Mother's Birthplace, Shenandoah Penna.
8. Full Name of Father, Martin Brady
9. Father's Occupation Driver
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. B. Lellich M.D.

Address, # 11 N. Carey St.

Remarks,

8470005404

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...month after the birth, the full name and occupation of its parents, the date and place of birth, and the ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-369

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Aug 25. 1897
4. *Place of Birth, (Street and Number)* 1833 Mc Elderry St
5. *Full Name of Mother,* Sarah R. Schen
6. *Mother's Maiden Name,* Sarah R. Gordon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Schen
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, W. S. Davis M.D

*Address,* Johns Hopkins Hospital

*Remarks,*

8 9 7 U 0 0 5 4 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

236

# RETURN OF A BIRTH. 85370

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25/97
4. *Place of Birth, (Street and Number)* 306 S. Madeira St.
5. *Full Name of Mother,* Maggie Gorens
6. *Mother's Maiden Name,* Foreman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Gorens
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Geo. Deisenhofer

*Address,* 2225 Gough St.

*Remarks,*

84700054006

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85371

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25 of August
4. *Place of Birth, (Street and Number)* 2101 Lombard Street
5. *Full Name of Mother,* ~~Mrs. Sarah~~ Mrs. Thomas
6. *Mother's Maiden Name,* Sellers
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Thomas Thomas
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Chas. Beresheff

*Address,* 1014 N. Patterson Pk

*Remarks,*

8970005407

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The Name and Residence of the Physician or Midwife in attendance, the Sex, the Surname and Occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85372

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 23/97
4. *Place of Birth, (Street and Number)* 2016 Fairmount Ave.
5. *Full Name of Mother,* Annie Mattson
6. *Mother's Maiden Name,* " Graft
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William H. Mattson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant, or other person who makes this Return,* Geo. Dennstedt

*Address,* 2225 Gough St.

*Remarks,*

8970005408

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer or practioner of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 83373

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 25th August 1897
4. Place of Birth, (Street and Number) 23 S Ann St
5. Full Name of Mother, Ella Margaret Constantine
6. Mother's Maiden Name, Regan
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Charles Carroll Constantine
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return, C F Maguire M.D.

Address, 1729 E Baltimore St

Remarks,

The Physician or Midwife in attendance shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85-374

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 25 — 1897
4. Place of Birth, (Street and Number) 1520 Eastern Ave
5. Full Name of Mother, Barbara Kane
6. Mother's Maiden Name, Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George E. Kane
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8970005410

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85375

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 23 d. 1897
4. Place of Birth, (Street and Number) 11 8 Little Pleasant
5. Full Name of Mother, Mary Turner
6. Mother's Maiden Name, Mary Hawley
7. Mother's Birthplace, St. Mary Co. Maryland
8. Full Name of Father, D. J. Turner
9. Father's Occupation Stevedore
10. Father's Birthplace, St. M. Co. - Maryland

Name of Medical Attendant, or other person who makes this Return, E. Boyston M.D

Address, 113 N. Kenwood.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85376

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 25, 1897.
4. Place of Birth, (Street and Number) 900 Pennington ave.
5. Full Name of Mother, Elva May Allen.
6. Mother's Maiden Name, Allen.
7. Mother's Birthplace, ~~Ky.~~ Penn.
8. Full Name of Father, — — —
9. Father's Occupation — — —
10. Father's Birthplace, — — —

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85377

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 25th 1897.
4. Place of Birth, (Street and Number) 6 Arrad ave.
5. Full Name of Mother, Sarah Julia Amend Baker.
6. Mother's Maiden Name, Davies.
7. Mother's Birthplace, Md.
8. Full Name of Father, Guy B. Baker.
9. Father's Occupation Allen Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

# RETURN OF A BIRTH. 85378

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 12th. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 25 1897 |
| 4. *Place of Birth, (Street and Number)* | 814 Canton St. |
| 5. *Full Name of Mother,* | Ellen Ellen |
| 6. *Mother's Maiden Name,* | Ellen Lemma |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | [illegible] Ellen |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | [illegible] Lemma |
| *Address,* | 824 E. Canton St. |
| *Remarks,* | |

8970005414

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-379

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5 th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Thursday August 26 th 1877 |
| 4. *Place of Birth, (Street and Number)* | 56-59 West St |
| 5. *Full Name of Mother,* | Maggie Mailler |
| 6. *Mother's Maiden Name,* | Maggie Brown |
| 7. *Mother's Birthplace,* | England |
| 8. *Full Name of Father,* | John Mailler |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Philadelphia |
| *Name of Medical Attendant,* or other person who makes this Return, | Catherine Hennessy |
| *Address,* | No 1217 Byrd St |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85380

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, August 26th 1897
4. Place of Birth, (Street and Number) ~~No~~ 1614 Presstman St Baltimore
5. Full Name of Mother, Jennie E. Jackson
6. Mother's Maiden Name, Jennie E. Thompson
7. Mother's Birthplace, Baltimore city and
8. Full Name of Father, William Jackson
9. Father's Occupation Lumberman
10. Father's Birthplace, Baltimore co and

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Bloecat St

Remarks,

8970005416

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 82-381

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2. st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 of August 1897
4. *Place of Birth, (Street and Number)* 831 Willow st
5. *Full Name of Mother,* Katie Treacy Smith
6. *Mother's Maiden Name,* Katie T. Keenhan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert Lee Smith
9. *Father's Occupation* Fireman four. Bottling House
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Annie O'Brien

*Address,* 902 Greenmount ave

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005417

# RETURN OF A BIRTH. 85-582

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Wallace Cameron Gray

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 August - 1897
4. *Place of Birth, (Street and Number)* 315 N. Broadway
5. *Full Name of Mother,* Anna C. Gray
6. *Mother's Maiden Name,* Anna C. Cash
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* John A. Gray
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Norfolk Co. Va.

*Name of Medical Attendant, or other person who makes this Return,* M. J. Cameron

*Address,* 425 N. Broadway

*Remarks,* OTHER PLACE ADDED 5-4-53 A.M.

8970005418

Wm. J. C. Dulany Co., City Printers and Stationers.

...named the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in the manner and within the period above required, and to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

# RETURN OF A BIRTH. 85383

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th.

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 27 1897

4. *Place of Birth, (Street and Number)* 2428 Gorsuch Ave.

5. *Full Name of Mother,* Eva Bayrien

6. *Mother's Maiden Name,* Eva Braune

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* John Bayrien

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Emil L. Braune

*Address,* 124 S. Caulton St.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

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[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-28-62

# RETURN OF A BIRTH. 85384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Ellicott Hoffman

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 26 1897 705 N Carrollton Ave
4. *Place of Birth, (Street and Number)* 705 N. Carrollton Ave
5. *Full Name of Mother,* Martha Hoffman
6. *Mother's Maiden Name,* Ellicott
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Harry Lee Hoffman
9. *Father's Occupation* Engraver
10. *Father's Birthplace,* Balto City

*Name of Medical Attendant,* or other person who makes this Return, Dr Harvey Hill MD

*Address,* 607 N. Arlington Ave

*Remarks,*

8970005420

Wm. J. C. Dulany Co., City Printers and Stationers

*been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

# RETURN OF A BIRTH. 85385

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | II |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | Aug 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 876 McKim St |
| 5. *Full Name of Mother,* | Mary Jane Bantum |
| 6. *Mother's Maiden Name,* | Mary Jane Beevers |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Eugene Bantum |
| 9. *Father's Occupation* | laborer |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | W. S. Davis M. D. |
| *Address,* | Johns. Hopkins Hospital |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85386

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eaight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 26th 1897
4. Place of Birth, (Street and Number) 1004 Grenmont ave
5. Full Name of Mother, Elizabeth Norris
6. Mother's Maiden Name, Elizabeth Levil
7. Mother's Birthplace, Balto. Co.
8. Full Name of Father, Wm. C. Norris
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dina Annie O Brien

Address, 902 Grenmont ave

Remarks,

8970005422

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

236

# RETURN OF A BIRTH. 85387

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 26/97
4. Place of Birth, (Street and Number) 1846 E. Pratt St.
5. Full Name of Mother, Maggie Türk
6. Mother's Maiden Name, M. Richter
7. Mother's Birthplace, Germany
8. Full Name of Father, John Türk
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Weisenhofer

Address, 2225 Lough St.

Remarks,

8970005423

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

# RETURN OF A BIRTH. 85388

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 26 97
4. Place of Birth, (Street and Number) 602. Hopkins Ave.
5. Full Name of Mother, Ida Daley
6. Mother's Maiden Name, Gruber
7. Mother's Birthplace, Balto.
8. Full Name of Father, Jacob Daley
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8970005424

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return to be made by the Father, Mother, Nurse, Householder, Undertaker, Executor or Administrator, in the order named, and to contain the Christian and Surname and occupation of its parents, the date and place of birth; and the sex and color of the child. The Surname and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

# RETURN OF A BIRTH. 85309

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 26th Aug 97

4. Place of Birth, (Street and Number) 1134 Henry St

5. Full Name of Mother, Mary E. [illegible] Feiney

6. Mother's Maiden Name, " " Freburger

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo Feiney

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, Chas E Young M.D.

Address, 602 E Fort Ave

Remarks,

B 97 0005425

Wm. J. C. Dulany Co., City Printers and Stationers.

Death Certificate will be made out from these particulars. The date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

# RETURN OF A BIRTH. 85390

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 26 — 1897
4. *Place of Birth, (Street and Number)* 106 E Fawn St.
5. *Full Name of Mother,* Pauline Frey
6. *Mother's Maiden Name,* Eckel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fritz Frey
9. *Father's Occupation* Unter-Taker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant or other person who makes this Return,* Mary Stein

*Address,* 1427 E. Fratt St.

*Remarks,*

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 7 0 0 0 5 4 2 6

GIVEN NAME ADDED 11-19-59

# RETURN OF A BIRTH. 85391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ethel Hoard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Aug. 21 1897.

4. Place of Birth, (Street and Number) 1719 N. Edmondson Ave

5. Full Name of Mother, Katie Elizabeth Hoard

6. Mother's Maiden Name, Katie Elizabeth Wall.

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Wm. Edwin Hoard.

9. Father's Occupation Conductor Catonsville Md

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, G. W. Statum M.D.

Address, 1634 W. Fayette st.

Remarks, 8970605427

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth. And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85392

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as to the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 1897
4. *Place of Birth, (Street and Number)* 1006 Kearney Lane
5. *Full Name of Mother,* Mrs Louisa Johnson
6. *Mother's Maiden Name,* Miss Louisa Green
7. *Mother's Birthplace,* Tuckahoe Queen Anne Co Md
8. *Full Name of Father,* William Johnson
9. *Father's Occupation* Pick Butcher & market
10. *Father's Birthplace,* Talbot Co Md

*Name of Medical Attendant,* or other person who makes this Return, Mrs E Lewis

*Address,* 1122 Broadway Street

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 7 0 0 0 5 4 2 8

[236]

# RETURN OF A BIRTH. 85393

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 26, 1897

4. Place of Birth, (Street and Number) 1902 Orchard St.

5. Full Name of Mother, Mary Schultz

6. Mother's Maiden Name, Mary Lockman

7. Mother's Birthplace, Balto.

8. Full Name of Father, William Schultz

9. Father's Occupation Plumber

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. L. Lemmon

Address, 821 S. Caton St.

Remarks,

8970005429

Wm. J. C. Dulany Co., City Printers and Stationers.

The Board of Health has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36]

GIVEN NAME ADDED 6-23-54

# RETURN OF A BIRTH. 85394

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Elsie Marie Nagel 2nd Child
2. *Sex, (state whether male or female)* female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Aug 27th 97
5. *Place of Birth, (Street and Number)* 1742 Forrest Street.
6. *Full Name of Mother,* Julianna Nagel
7. *Mother's Maiden Name,* Linder
8. *Mother's Birthplace,* Germany
9. *Full Name of Father,* Carl Nagel
10. *Father's Occupation* Laborer
11. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Bange

*Address,* 741 N. Gross St.

*Remarks,*

8 9 7 0 0 0 5 4 3 0

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85395

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 613 N. Durham Street |
| 5. *Full Name of Mother,* | Elise Kleylein |
| 6. *Mother's Maiden Name,* | Elise Mikeman |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Johan Kleylein |
| 9. *Father's Occupation* | Stevedore |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kroon Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005431

# RETURN OF A BIRTH. 85396

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27th 1897

4. Place of Birth, (Street and Number) 1836 E Fayette Street

5. Full Name of Mother, Anna Mentzer

6. Mother's Maiden Name, Anna Hufnagel

7. Mother's Birthplace, Pennsylvania

8. Full Name of Father, Adam Mentzer

9. Father's Occupation Paperhanger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Brown Midwife

Address, 1922 E Fayette Street

Remarks,

B 970005432

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form for a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 80397

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | Col. |
| 3. *Date of Birth,* | Aug 21 '97. |
| 4. *Place of Birth, (Street and Number)* | Md. Gen. Hospital. |
| 5. *Full Name of Mother,* | Maggie Henry. |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Anchorage Co. |
| 8. *Full Name of Father,* | Jno. Mace. |
| 9. *Father's Occupation* | Farmer. |
| 10. *Father's Birthplace,* | Anchorage Co. |
| *Name of Medical Attendant,* or other person who makes this Return, | M. L. Todd |
| *Address,* | Md. Gen. Hosp. |
| *Remarks,* | |

8970005433

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85398

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 & Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Aug 27, 1849
4. Place of Birth, (Street and Number) 2022 Lexington St. Balto.
5. Full Name of Mother, Hannah Berow
6. Mother's Maiden Name, Hannie Orwick
7. Mother's Birthplace, Russia
8. Full Name of Father, Isiah Berow
9. Father's Occupation, Grocery Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 15 Allemarle Street

Remarks,

8 9 7 0 0 0 5 4 3 4

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85399

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Frank Levin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9th 97
4. Place of Birth, (Street and Number) 1162 Low St.
5. Full Name of Mother, Annie Levin
6. Mother's Maiden Name, Annie Seigel
7. Mother's Birthplace, Russia
8. Full Name of Father, Simeon Levin
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Sindler

Address, 700 E Baltimore St City

Remarks,

8470005435

Wm. J. C. Dulany Co., City Printers and Stationers.

[836.]

# RETURN OF A BIRTH. 85400

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 Aug
4. *Place of Birth, (Street and Number)* 1756 E Madison St
5. *Full Name of Mother,* Mary Campbell
6. *Mother's Maiden Name,* Mary Matthews
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* John Campbell
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore md

*Name of Medical Attendant,* or other person who makes this Return, Wm. J. Quick and Bro

*Address,* 1417 E. Eager St

*Remarks,*

8970005436

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, nurse, physician or practitioner in medicine, shall report to the Registrar of Vital Statistics, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85401

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) mother 4th 3
mail 1897

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) white
3. Date of Birth, 27 august
4. Place of Birth, (Street and Number) Cumberland Place 101
5. Full Name of Mother, Clarainda Nettleship
6. Mother's Maiden Name, Clarainda Cain
7. Mother's Birthplace, Frederick County
8. Full Name of Father, Ernest B Nettleship
9. Father's Occupation Carpenter
10. Father's Birthplace, Carrida

Name of Medical Attendant, or other person who makes this Return, Melia Jones

Address, 1337 Watson St

Remarks, Name of child: Alvin C. Nettleship

8470005437

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85402

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 27th 1897

4. Place of Birth, (Street and Number) 1216 E. Federal St

5. Full Name of Mother, Louisa G. Steinmetz

6. Mother's Maiden Name, Louisa G. Steinmetz

7. Mother's Birthplace, Baltimore Co. Md.

8. Full Name of Father, Robt. M. Lifscomb

9. Father's Occupation, Confectioner

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. H. G. Statton

Address, 1301 N. Central Ave.

Remarks,

8 9 7 0 0 0 5 4 3 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85403

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 9th. |
| 1. *Sex, (state whether male or female)* | Male. |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | Aug. 27th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1543 Ensor St. |
| 5. *Full Name of Mother,* | Lillie Bortner |
| 6. *Mother's Maiden Name,* | Lillie Fiddling. |
| 7. *Mother's Birthplace,* | York Co, Pa. |
| 8. *Full Name of Father,* | Albert H. Bortner |
| 9. *Father's Occupation* | Carpenter. N. C. R. R. |
| 10. *Father's Birthplace,* | York Co. Pa. |
| *Name of Medical Attendant,* or other person who makes this Return, | Alfred B. Gill. M.D. |
| *Address,* | 1340 Argyle St. |
| *Remarks,* | Name of Child: Burnman Bennett Bortner |

8970005439

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 85404

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 27 Dec

4. Place of Birth, (Street and Number) 729 Bureau St

5. Full Name of Mother, Annie Dolan

6. Mother's Maiden Name, Annie Farndon

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel Dolan

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs J Pint midwife

Address, 1437 E Eager St.

Remarks,

8470005440

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the period above required, and in the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85405

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug 27 th 97.
4. Place of Birth, (Street and Number) 727 Penna Ave.
5. Full Name of Mother, Masha Levy
6. Mother's Maiden Name, Masha Lesnick
7. Mother's Birthplace, Russia
8. Full Name of Father, Baer Levy
9. Father's Occupation, Shoe-maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. A. F. Lacigrad,

Address, 926 Madison Ave.

Remarks,

8 9 7 0 0 0 5 4 4 1

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any child born in the city, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85406

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 28th
4. Place of Birth, (Street and Number) 866 W. Baltimore st
5. Full Name of Mother, Annie Laughlin
6. Mother's Maiden Name, Addie Ford
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thos Laughlin
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm Hunter

Address, 20 N Appleton St

Remarks,

8 4 7 0 0 0 5 4 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85407

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 28th 1897 |
| 4. *Place of Birth, (Street and Number)* | 212 N Chapel Street |
| 5. *Full Name of Mother,* | Minna Witte |
| 6. *Mother's Maiden Name,* | Minna Fulda |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Henry Witte |
| 9. *Father's Occupation* | Painter |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Skhon Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8970005443

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate known as the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85408

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | III |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Aug 5 1897 |
| 3. *Date of Birth,* | J White |
| 4. *Place of Birth, (Street and Number)* | 1 H E |
| 5. *Full Name of Mother,* | Aubine Gallagher (?) |
| 6. *Mother's Maiden Name,* | Pennsylvania |
| 7. *Mother's Birthplace,* | John J Gallagher |
| 8. *Full Name of Father,* | Hunter |
| 9. *Father's Occupation* | Balto |
| 10. *Father's Birthplace,* | Geo to Do the U.S. |
| *Name of Medical Attendant,* or other person who makes this Return, | J H H |
| *Address,* | |
| *Remarks,* | |

8970005444

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. Any signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.. 85409

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Blk

3. *Date of Birth,* Aug 10 97

4. *Place of Birth, (Street and Number)* J H H

5. *Full Name of Mother,* Minnie Walker

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* William Foster

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Dr. to Dolphin W. B.

*Address,* The Johns Hopkins Hospital

*Remarks,*

8970005445

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# RETURN OF A BIRTH. 85410

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 16th 1897.
4. *Place of Birth, (Street and Number)* 922 Eutaw St. Gate Gardner
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Deaver
7. *Mother's Birthplace,* Georgia
8. *Full Name of Father,* Indiana
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Wm. H. Washington

*Address,* 413

*Remarks,*

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...of its parents, the date and place ... the first and month, and shall set forth as far as the same can be ascertained the full name and occupation of each parent, the street and number (if any) of the residence of the parents at the time of the birth of the child, and the full name and residence of the physician, midwife or other person who shall have been employed in the case, and in default of the employment of any such person, then the name and residence of the person who shall have been present at the birth, and the date of the return of the certificate. Every physician, midwife or other person who shall have been present at the birth of any child in this City, shall, within ten days after the birth, make a return of the birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, the father or mother of such child, or the householder in which the birth shall occur, shall make the return required by this section. Every physician or midwife who shall be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the person or parents of such child, to the office of the Commissioner of Health. In case the attendance immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

KODAK

# RETURN OF A BIRTH. 85411

GIVEN NAME ADDED -6-1366

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: KATHERINE FULD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 11th 1897

4. Place of Birth, (Street and Number) 1208 Federal St.

5. Full Name of Mother, Annie Fuld

6. Mother's Maiden Name, " Smith

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, William Fuld

9. Father's Occupation Wood Finisher

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 1100 Jefferson St

Remarks,

8970005447

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85412

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 16th 1897
4. Place of Birth, (Street and Number) 621 Bradford St
5. Full Name of Mother, Annie Wehman
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Wehman
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kopp

Address, 205 N Bond St

Remarks,

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been completed in a case, the certificate shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85413

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 12 1897 |
| 4. *Place of Birth, (Street and Number)* | 1 H 16 |
| 5. *Full Name of Mother,* | Emma R Stuart |
| 6. *Mother's Maiden Name,* | Emma Robson |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | C. E. D. Stuart |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Maryland |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobkin M D |
| *Address,* | 1 H 16 |
| *Remarks,* | Child died when 11 days old |
| | Entro Colitis |

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36]

# RETURN OF A BIRTH. 85414

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 12' 97 |
| 4. *Place of Birth, (Street and Number)* | 2319 Druid Hill ave |
| 5. *Full Name of Mother,* | Mrs. Annie M Lang |
| 6. *Mother's Maiden Name,* | " " Bowers |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | Wilson A Lang |
| 9. *Father's Occupation* | Book keeper |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant,* or other person who makes this Return, | T Chew Worthington |
| *Address,* | 840 W Fayette |
| *Remarks,* | |

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36]

# RETURN OF A BIRTH. 85-415

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug. 13th 1897
4. Place of Birth, (Street and Number) 1016 Boyd St
5. Full Name of Mother, Maggie Kennedy
6. Mother's Maiden Name, " Knight
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm Kennedy
9. Father's Occupation Saloon Kpr
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. E. Wiseman

Address, 1075 E. Fayette St

Remarks, L. O. L. #.

8970005451

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85416

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* I

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colt

3. *Date of Birth,* Aug 13

4. *Place of Birth, (Street and Number)* J. H. H.

5. *Full Name of Mother,* Ada L Shipley

6. *Mother's Maiden Name,* Anderson

7. *Mother's Birthplace,* North Carolina

8. *Full Name of Father,* Geny e Anderson

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return. Geo L Dobbin M D

*Address,* The Johns Hopkins Hospital

*Remarks,*

8970005452

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each midwife shall be furnished by the proper authorities with a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 8541

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* May 16 1897

4. *Place of Birth, (Street and Number)* 9 E Lee

5. *Full Name of Mother,* Mary Wilhelm

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Burns

9. *Father's Occupation* Bartender

10. *Father's Birthplace,* Ireland

*Name of Medical Attendant,* or other person who makes this Return, Geo. W. Dobbin M.D.

*Address,* The Johns Hopkins Hospital

*Remarks,*

8970005453

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Each birth shall be delivered, duly signed by the practitioner in attendance upon the mother, or by the mother herself, if there be no such attendant, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85418

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 11th 1922
4. Place of Birth, (Street and Number) 900 Aisquith Ave
5. Full Name of Mother, Mary Barack
6. Mother's Maiden Name,
7. Mother's Birthplace, Warsaw
8. Full Name of Father, Alfred Barack
9. Father's Occupation Tinsmith
10. Father's Birthplace, Warsaw

Name of Medical Attendant, or other person who makes this Return, Mary Pyles

Address, 20 N Whitehead St

Remarks,

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the number of the child of the mother, if born alive, and if dead, the cause of death. In case a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85419

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 19th 1877
4. *Place of Birth, (Street and Number)* 508 Bethel St
5. *Full Name of Mother,* Hannah Denny
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Denny
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mary Kopka

*Address,* 205 N Wash Ave

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, and the date and place of its birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85420

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 20th 1892
4. *Place of Birth, (Street and Number)* 39 W. West St
5. *Full Name of Mother,* Mary C Kelly
6. *Mother's Maiden Name,* Mary C Connolly
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Peter J Kelly
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D C

*Name of Medical Attendant,* or other person who makes this Return, Lazeline Moore

*Address,* 49 W. West St Balto Md

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85421

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | VI |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Black |
| 3. *Date of Birth,* | July 20 97 |
| 4. *Place of Birth, (Street and Number)* | 1 d H |
| 5. *Full Name of Mother,* | Mary Smith |
| 6. *Mother's Maiden Name,* | Mary Vandenburg |
| 7. *Mother's Birthplace,* | N. C. |
| 8. *Full Name of Father,* | Sam Smith |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | N C |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo B Dobbin M D |
| *Address,* | J H H. |
| *Remarks,* | |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

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# RETURN OF A BIRTH. 85422

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 22 1917.
4. Place of Birth, (Street and Number) 209 Wagner St.
5. Full Name of Mother, Annie Kimbel
6. Mother's Maiden Name,
7. Mother's Birthplace, Georgia
8. Full Name of Father, Frank Kimbel
9. Father's Occupation Tailor
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, 205 N Wagner St. City

Remarks,

8 4 7 0 0 0 5 4 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed to its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/3/11

# RETURN OF A BIRTH. 85423

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ELEANOR ~~ROSENBERG~~ 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22, - 97.
4. Place of Birth, (Street and Number) 44 Albemarle St.
5. Full Name of Mother, Katie Rosenberg
6. Mother's Maiden Name, Katie Deitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Rosenberg
9. Father's Occupation, tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. Savage, M.D.

Address, 6 South Exeter St.

Remarks, Date of Filing 1897

84100005459

month, and shall state the sex, color, the full name and occupation of the parents, in the form of a certificate between the date of such been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the date of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85424

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 22
4. *Place of Birth, (Street and Number)* 1 W H
5. *Full Name of Mother,* Katie Ballerdick
6. *Mother's Maiden Name,* ?
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C Ballerdick
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Geo W Bobbin M.D.

*Address,* 1 W H

*Remarks,*

8970005460

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...the Commissioner of Health. In case the birth of any child ... third day of each and every month to the office of the Commissioner of Health, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such ... attendance upon the mother, immediately thereafter it shall become the duty of the person required, and ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85425

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) Wht

3. Date of Birth, Aug 23 97

4. Place of Birth, (Street and Number) J H H

5. Full Name of Mother, Sarah Noon

6. Mother's Maiden Name, Sarah Callahan

7. Mother's Birthplace, Ireland

8. Full Name of Father, John Noon

9. Father's Occupation Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo Boston Jr M D

Address, J. H. H.

Remarks,

8970005461

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 85426

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24 1897
4. Place of Birth, (Street and Number) 1720 Low No 11
5. Full Name of Mother, Kate Sheeny
6. Mother's Maiden Name, Bohegan
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Sheeny
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Kelly

Address, 25 N Washington Av

Remarks,

8970005462

Wm. J. C. Dulany Co., City Printers and Stationers.

month, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the name (if any) conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85427

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* IV

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 24 1897
4. *Place of Birth, (Street and Number)* 1 J. H. H.
5. *Full Name of Mother,* Antonia Jakubauskas
6. *Mother's Maiden Name,* " Katrania
7. *Mother's Birthplace,* Lithuania
8. *Full Name of Father,* Anthony Jakubauskas
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Lithuania

*Name of Medical Attendant,* or other person who makes this Return, Geo W Dobbin M.D.

*Address,* J H H

*Remarks,*

8970005463

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85428

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | I |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | Aug 27 1897 |
| 4. *Place of Birth, (Street and Number)* | 1 E H St |
| 5. *Full Name of Mother,* | Ella Martin |
| 6. *Mother's Maiden Name,* | " " |
| 7. *Mother's Birthplace,* | Maryland |
| 8. *Full Name of Father,* | Geo. F Day |
| 9. *Father's Occupation* | Machinist |
| 10. *Father's Birthplace,* | Pa |
| *Name of Medical Attendant,* or other person who makes this Return, | Geo W Dobbin M.D. |
| *Address,* | 1 E H St |
| *Remarks,* | |

8970005464

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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56.]

# RETURN OF A BIRTH. 85429

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28 1897
4. Place of Birth, (Street and Number) 1028 Eutaw St.
5. Full Name of Mother, Lizzie Clancy
6. Mother's Maiden Name, Cannon
7. Mother's Birthplace, Ireland
8. Full Name of Father, Alfred Clancy
9. Father's Occupation Painter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry Kahn

Address, 202 N Washington St

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85432

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 5th 1897
4. Place of Birth, (Street and Number) 1131 Orleans St
5. Full Name of Mother, Annie Herwig
6. Mother's Maiden Name, Gaines
7. Mother's Birthplace, Germany
8. Full Name of Father, George Herwig
9. Father's Occupation Upholsterer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mary Delphey
Address, 203 N Wolfe
Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

# RETURN OF A BIRTH. 85431

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 28th 1874
4. Place of Birth, (Street and Number) 322 Eastern St
5. Full Name of Mother, Katie Kalaba
6. Mother's Maiden Name, Katie Kalaba
7. Mother's Birthplace, Chicago
8. Full Name of Father, Peter Kalaba
9. Father's Occupation Fireman
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kipka

Address, 205 N Washington

Remarks,

8970005467

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85432

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child. |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 28th of Aug 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md 230 S Stricker St. |
| 5. *Full Name of Mother,* | Ada May Brown |
| 6. *Mother's Maiden Name,* | " Garrison. |
| 7. *Mother's Birthplace,* | Baltimore Md. |
| 8. *Full Name of Father,* | Clinton E Brown. |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Baltimore Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Mary Kraning |
| *Address,* | H 414 S Stricker St. Baltimore Md. |
| *Remarks,* | Mother and Child are doing well. |

8 9 7 U 0 0 5 4 6 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the practitioner in the form of a certificate between the first and second days of the month following the birth, which certificate shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85433

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 28
4. Place of Birth, (Street and Number) 1603 Right Alt
5. Full Name of Mother, Katie Tiedemann
6. Mother's Maiden Name, Fr. Hackmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Bernhard Tiedmann
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minard

Address, 800 Leadenhall Street.

Remarks.

84700054 69

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the attending physician or midwife, if any, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85434

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 28 1897.
4. *Place of Birth, (Street and Number)* 301 Parrish Alley.
5. *Full Name of Mother,* Elizabeth Jones.
6. *Mother's Maiden Name,* Ella Kirk.
7. *Mother's Birthplace,* Charles Co. Md
8. *Full Name of Father,* Jessie Jones.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* West River.

*Name of Medical Attendant,* or other person who makes this Return, Mary E Jones

*Address,* 1121 Saratoga St Balto Md

*Remarks,*

8970005470

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85435

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | 28 August 1877 |
| 4. *Place of Birth, (Street and Number)* | 1513 Brought at City |
| 5. *Full Name of Mother,* | Kate Bruce |
| 6. *Mother's Maiden Name,* | Kate Burl |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Granville Bruce |
| 9. *Father's Occupation,* | Labor |
| 10. *Father's Birthplace,* | Baltimore City |
| *Name of Medical Attendant, or other person who makes this Return,* | Cornelia Allen |
| *Address,* | 1407 Nicholson st City |
| *Remarks,* | |

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Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83436

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1697

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, August 24 1897
4. Place of Birth, (Street and Number) 840 Hanson St
5. Full Name of Mother, Birty Baker
6. Mother's Maiden Name, Birty Morgan
7. Mother's Birthplace, Martinsburg W Va
8. Full Name of Father, Charlie A Baker
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore Md
    Name of Medical Attendant, or other person who makes this Return, Maria Jones
    Address, 1237 Mat Coat St
    Remarks,

8970005472

been conferred his sex, color, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85437

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 20/97
4. *Place of Birth, (Street and Number)* 520 S. Bond St.
5. *Full Name of Mother,* Maggie Holland
6. *Mother's Maiden Name,* Maggie Hoffman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry Holland
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto.

*Name of Medical Attendant,* or other person who makes this Return, Wm. Deisenhofer

*Address,* 2225 Gough St.

*Remarks,*

8970005473

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85438

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 28 august |
| 4. *Place of Birth, (Street and Number)* | 427 N. Broadway |
| 5. *Full Name of Mother,* | Emma C. McLaughlin |
| 6. *Mother's Maiden Name,* | Emma C. Winebrenner |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | John H. McLaughlin |
| 9. *Father's Occupation* | Salesman |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant, or other person who makes this Return,* | Dr. Cameron |
| *Address,* | 425 N. Broadway |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85439

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* VI

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Aug. 28. 1897
4. *Place of Birth, (Street and Number)* 908 Shulen St
5. *Full Name of Mother,* Jane Reynolds
6. *Mother's Maiden Name,* Jane Manner
7. *Mother's Birthplace,* Dorchester County Md
8. *Full Name of Father,* Henry Reynolds
9. *Father's Occupation* Oysterman
10. *Father's Birthplace,* Virginia ?

*Name of Medical Attendant, or other person who makes this Return,* W. S. Davis M.D.

*Address,* Johns Hopkins Hospital

*Remarks,*

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been collected for the Board of Health. In case the birth of any child shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in said schedule shall be delivered at the office of the Commissioner of Health, or to the physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 83440

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Saturday August 28th 1877
4. *Place of Birth, (Street and Number)* South Register Street
5. *Full Name of Mother,* Rachel Smith
6. *Mother's Maiden Name,* Rachel Cummings
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Charles Smith
9. *Father's Occupation* Hack Driver
10. *Father's Birthplace,* Harford County

*Name of Medical Attendant,* or other person who makes this Return, Jane West

*Address,* 902 Hillman Street

*Remarks,*

8 4 7 0 0 0 5 4 7 6

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

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# RETURN OF A BIRTH. 85441

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29th 1897
4. Place of Birth, (Street and Number) No: 12 Garrison Lane
5. Full Name of Mother, Mary Dixeon
6. Mother's Maiden Name, Mary Lawson
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Dixson
9. Father's Occupation Labour
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Helena Thomas

Address, No: 512 Fredrick Ave. annex

Remarks,

been conferred) its sex, color, the full name and occupation of its father, and the maiden name of its mother; and a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person lie in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85442

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sunday August 29. 1897
4. *Place of Birth, (Street and Number)* No 1811 Hanover St
5. *Full Name of Mother,* Minnie Schmitz
6. *Mother's Maiden Name,* Minnie Vanreses
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick J Schmitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return,* Catherine Hornung

*Address,* No 1517 Byrd St City

*Remarks,*

64700054788

said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85443

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29
4. Place of Birth, (Street and Number) 512 S Bond alley
5. Full Name of Mother, Mary Frances
6. Mother's Maiden Name, Ahearn
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benjamin Ahearn
9. Father's Occupation Waterman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H C Davenport

Address, 2024 E Pratt st

Remarks, doing well

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each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85444

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st

1. *Sex, (state whether ~~male or~~ female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 29th 1897
4. *Place of Birth, (Street and Number)* 1411 Myrtle Avenue
5. *Full Name of Mother,* Florence Bruce
6. *Mother's Maiden Name,* Florence Watkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jas Henry Bruce
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Kent Co. Md

*Name of Medical Attendant,* or other person who makes this Return, Amanda F. Norris, M.D.

*Address,* 1125 McCulloh St

*Remarks,*

been conferred) its sex, color, the full name and occupation of the parents, and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85445

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* The 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 24 of August
4. *Place of Birth, (Street and Number)* No 926 E Lay St
5. *Full Name of Mother,* Jennie Hammond
6. *Mother's Maiden Name,* Jennie Hess
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Hammond
9. *Father's Occupation* Planner
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Dr. H. Lauer

*Address,* No 1059 Hanford Ave

*Remarks,* B. C. Md

1877

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

~~VA~~ WE ADDED

# RETURN OF A BIRTH. 85446

~~WE ADDED~~ 4-18-66

**To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.**

NAME: ALMA LEE

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Aug 29 1891
4. *Place of Birth, (Street and Number)* 1330 Carey st
5. *Full Name of Mother,* Lottie Lee
6. *Mother's Maiden Name,* Lottie Hyson
7. *Mother's Birthplace,* Lancaster Co Va
8. *Full Name of Father,* Paul Lee
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Essex Co Va

*Name of Medical Attendant, or other person who makes this Return,* Maria Jones

*Address,* 1337 Whatcoat st

*Remarks,*

GIVEN NAME ADDED

4-18-66 0 0 0 5 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, or shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall be the duty of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

# RETURN OF A BIRTH. 85-447

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug. 29th/97.

4. Place of Birth, (Street and Number) 1235 E. Balto. St.

5. Full Name of Mother, Catherine E. Rounds.

6. Mother's Maiden Name, Newton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. E. Rounds.

9. Father's Occupation Carpenter

10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Chamberlain M. D. pract.

Address, 181 Madison Ave.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85448

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Boy William Melvin Linzey |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 29th 1897 |
| 4. *Place of Birth, (Street and Number)* | 506 Montford Ave |
| 5. *Full Name of Mother,* | Edy Linzey |
| 6. *Mother's Maiden Name,* | Edy Engel |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Wm W Linzey |
| 9. *Father's Occupation* | Linzendel |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Brown, Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | Full name of child added by father upon applying for a transcript. Melvin W. Linzey |

J. E. Nichol
Birth Index Clerk
July 11-1925

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED 12-12-58

# RETURN OF A BIRTH 85449

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Sunday Aug. 29 th 1897
4. Place of Birth, (Street and Number) 719 Burrs st Balto City
5. Full Name of Mother, Janettia Tibbs
6. Mother's Maiden Name, Hughes
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Winfree Hughes
9. Father's Occupation, Waiter
10. Father's Birthplace, Lynchburg Va

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Tibbs

Address, 719 Burrs st

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85450

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White. |
| 3. *Date of Birth,* | 29th of Aug 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore Md # 401 S Gilmore St. |
| 5. *Full Name of Mother,* | Dorothea Phelps. |
| 6. *Mother's Maiden Name,* | Beyer. |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Emory Phelps. |
| 9. *Father's Occupation* | Clerk. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs Mary Kraning. |
| *Address,* | # 414 S Stricker St Baltimore Md. |
| *Remarks,* | Mother and Child are doing well. |

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85451

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 29
4. *Place of Birth, (Street and Number)* N. 221 S. Carrollton ave
5. *Full Name of Mother,* Marie J. Steinert
6. *Mother's Maiden Name,* Marie J. Schreiner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred G. Steinert
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return, Mrs. Bangel

*Address,* 711 N. Cross St.

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85452

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th of August 97.
4. Place of Birth, (Street and Number) 2020 Mary Ann St
5. Full Name of Mother, Dorothea Vorrath
6. Mother's Maiden Name, Dorothea Meyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Andreas Vorrath
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85453

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3 Date of Birth, Baltimore Co. 29, 1897

4. Place of Birth, (Street and Number) 2029 Lanvale St. Balto.

5. Full Name of Mother, Fannie Fryman

6. Mother's Maiden Name, Fannie Patlick

7. Mother's Birthplace, Russia

8. Full Name of Father, Abraham Fryman

9. Father's Occupation, Paint shaker

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Chas. Leo Bonar

Address, 15 E Lemmon St

Remarks,

Wm J C. Dulany Co., City Printers and Stationers.

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Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85454

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female Twins

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 29 — 1897

4. Place of Birth, (Street and Number) 1629 Madison St.

5. Full Name of Mother, Susan Smith

6. Mother's Maiden Name, Bramble

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Smith

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8970005490

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been solicited by its sex. Whoever, in the case of any child born alive, shall neglect to report the birth of such child in the form of a certificate between the first and third scheduled shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85455

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 29 — 1897
4. *Place of Birth, (Street and Number)* 1526 Eastern Ave.
5. *Full Name of Mother,* Theresa Miller
6. *Mother's Maiden Name,* Schlecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. S. Miller
9. *Father's Occupation* Jeweler
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mary Stein

*Address,* 1427 E. Fort Ave.

*Remarks,*

Wm. J. C. Dulany Co., City Printers and Stationers.

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Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85456

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 29th 97 |
| 4. *Place of Birth, (Street and Number)* | 11 N. High St |
| 5. *Full Name of Mother,* | Rebecca Berman |
| 6. *Mother's Maiden Name,* | Wolf |
| 7. *Mother's Birthplace,* | New York City |
| 8. *Full Name of Father,* | S. M. Berman |
| 9. *Father's Occupation* | Merchant (Travelling) |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Thomas Opie. |
| *Address,* | 219 W Monument St. |
| *Remarks,* | |

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85457

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Aug 29th 1897
4. *Place of Birth, (Street and Number)* 135 N. Hanover St
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,* Annie Banks
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edward Taylor
9. *Father's Occupation* Fireman on Steamboat
10. *Father's Birthplace,* Virginia

*Name of Medical Attendant,* or other person who makes this Return Caroline Muse

*Address,* 49 W West St Balto Md

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85458

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 29th August 1897 |
| 4. *Place of Birth, (Street and Number)* | 365 Hanover st |
| 5. *Full Name of Mother,* | Lucy Kernan Ittner |
| 6. *Mother's Maiden Name,* | Lucy Kernan |
| 7. *Mother's Birthplace,* | Pennsylvania |
| 8. *Full Name of Father,* | George E Ittner |
| 9. *Father's Occupation* | Moulder |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Rev. Bange |
| *Address,* | 711 W. Cross St |
| *Remarks,* | |

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85459

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 29 1892

4. Place of Birth, (Street and Number) No. 116 Hartford road.

5. Full Name of Mother, Bernard Fisman

6. Mother's Maiden Name, Bernard Fisman

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charles Fisman

9. Father's Occupation Driver.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. A. Caudell M.D.

Address, 1241 Harford ave

Remarks,

8970895495

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85460

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Col.
3. Date of Birth. Aug. 30 '97.
4. Place of Birth, (Street and Number) 918 East Hoop
5. Full Name of Mother, Lizzie Bond.
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va.
8. Full Name of Father, Geo. Fleming.
9. Father's Occupation Waiter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. W. P. Todd

Address, 918 East Hoop

Remarks,

8970005496

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said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics, at the office of the Commissioner of Health, within ten days after the birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of a physician or practitioner of midwifery, or of the person or parents of such child, stating the name and occupation of its parents, the date and place of birth; and the shall occur upon the mother, Commissioner of Health. In case the birth of any child attendance it shall become the duty of the person or parents, and Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

336

# RETURN OF A BIRTH. 85461

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 30th 1897
4. Place of Birth, (Street and Number) 1104 Chesapeake st
5. Full Name of Mother, Mary Rebecca Bellmann
6. Mother's Maiden Name, Mary R Long.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Earnest Bellmann
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P. Harrington

Address, 924 Bunney st.

Remarks,

8970005497

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85-462

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Wht
3. Date of Birth, 30 of August
4. Place of Birth, (Street and Number) 461 W. Saratoga Street
5. Full Name of Mother, Marguerite Krebs
6. Mother's Maiden Name, Marguerite Kozlowski
7. Mother's Birthplace, Paris (France)
8. Full Name of Father, Augustin Krebs
9. Father's Occupation Tailor
10. Father's Birthplace, Iglau Moravia (Austria)

Name of Medical Attendant, or other person who makes this Return, Wm. L. Lumpkin

Address, 238 N. Washington St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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36.]

# RETURN OF A BIRTH. 85463

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 Child |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 30 th 1897 |
| 4. *Place of Birth, (Street and Number)* | 5 Stinson st |
| 5. *Full Name of Mother,* | Mina Ricklon |
| 6. *Mother's Maiden Name,* | Mina Bohrn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | William Ricklon |
| 9. *Father's Occupation* | Engineer |
| 10. *Father's Birthplace,* | New York |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Hillen |
| *Address,* | 2008 McHenry st |
| *Remarks,* | |

8 9 7 0 0 0 5 4 9 9

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# RETURN OF A BIRTH. 85464

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30th of August 97. |
| 4. *Place of Birth, (Street and Number)* | 2037 Booth St. |
| 5. *Full Name of Mother,* | Zida Dichner |
| 6. *Mother's Maiden Name,* | Zida Clarke |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Wilhelm B. Dichner |
| 9. *Father's Occupation* | Labor |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | Friederike Keuler Midwife |
| *Address,* | 216 W Pratt St |
| *Remarks,* | |

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# RETURN OF A BIRTH. 85465

To the Office of Registrar of Vital Statistics, Board of Health,

*BALTIMORE CITY.*

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Fourth. |
| 1. *Sex (state whether Male or Female)* | Male |
| 2. *Race or Color (if not of the white race)* | White |
| 3. *Date of Birth* | Aug 30th 1897 |
| 4. *Place of Birth (Street and Number)* | 316 N Fulton St. |
| 5. *Full Name of Mother* | Ray Levin |
| 6. *Mother's Maiden Name* | Goodman |
| 7. *Mother's Birthplace* | England |
| 8. *Full Name of Father* | Abram A. Levin |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace* | Russia |
| *Name of Medical Attendant, or other Person who makes this return* | James J Ball M.D |
| *Address* | 314 N Fulton St |
| *Remarks* | |

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85466

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Aug 30 1897 |
| 4. *Place of Birth, (Street and Number)* | 1802 Penna. Ave |
| 5. *Full Name of Mother,* | Nadine V. Kennedy |
| 6. *Mother's Maiden Name,* | Armstrong |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Laurence F. Kennedy |
| 9. *Father's Occupation* | Nurse |
| 10. *Father's Birthplace,* | N.Y. |
| *Name of Medical Attendant, or other person who makes this Return,* | J. Harvey Hill MD |
| *Address,* | 1717 Arlington Ave |
| *Remarks,* | |

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# RETURN OF A BIRTH. 85467

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the Christian name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 of August 1897
4. *Place of Birth, (Street and Number)* 2033 Orleans St
5. *Full Name of Mother,* Marie Meityer
6. *Mother's Maiden Name,* Marie Wagenführ
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henri Meityer
9. *Father's Occupation* Farm Factory
10. *Father's Birthplace,* Germany

*Name of Medical Attendant,* or other person who makes this Return Mrs Ida Hille.

*Address,* 207 N. Castle St

*Remarks,*

8 4 7 U 0 0 5 5 0 3

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# RETURN OF A BIRTH. 85468

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August the 24 1894
4. Place of Birth, (Street and Number) China Street 62 E
5. Full Name of Mother, Gertrude [redacted] Williams
6. Mother's Maiden Name, Gertrude Bush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence H Bush
9. Father's Occupation Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Thomas

Address, 213 W Pratt Street

Remarks, None

8 4 7 0 0 9 5 5 0 4

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The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85469

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 August 1897
4. *Place of Birth, (Street and Number)* 122 Bratt St
5. *Full Name of Mother,* Mary Pendl
6. *Mother's Maiden Name,* Mary Gellespie
7. *Mother's Birthplace,* Baltimor Md
8. *Full Name of Father,* Harvey Pendl
9. *Father's Occupation* Marner
10. *Father's Birthplace,* Baltimor Md

*Name of Medical Attendant, or other person who makes this Return,* Ellen Smith

*Address,* 504 S Washington St.

*Remarks,*

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er in the form of a certificate between the first and
nissioner of Health. In case the birth of any child
ber of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
vered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85470

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug: 30
4. *Place of Birth, (Street and Number)* 857 N Bidale St
5. *Full Name of Mother,* Mary E. Haywood.
6. *Mother's Maiden Name,* Mary E Saulsbern
7. *Mother's Birthplace,* West Rive Md
8. *Full Name of Father,* Isaac Haywood
9. *Father's Occupation* Wood & Coal dealer
10. *Father's Birthplace,* Davidsonville A.A. Co. Md

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85471

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 30th 97
4. *Place of Birth, (Street and Number)* 1650 Ramsay st.
5. *Full Name of Mother,* Rosetta C. Ball
6. *Mother's Maiden Name,* Rosetta C. Pilson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* John H. Ball
9. *Father's Occupation* Dairy Man
10. *Father's Birthplace,* Baltimore, Md.

*Name of Medical Attendant,* or other person who makes this Return, Henry C. Ohler. M.D.

*Address,* 1203 W. Fayette st

*Remarks,*

8470005507

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# RETURN OF A BIRTH. 85472

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August
4. Place of Birth, (Street and Number) 806 S. Broadway
5. Full Name of Mother, Filipine Sondman
6. Mother's Maiden Name, Pachman
7. Mother's Birthplace, Germany
8. Full Name of Father, David Sondman
9. Father's Occupation Tinter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, 838 S. Bond St.

Remarks.

8 4 7 U 0 0 5 5 0 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85473

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 August
4. *Place of Birth, (Street and Number)* 817 Hartford Ave.
5. *Full Name of Mother,* Eva Ducat
6. *Mother's Maiden Name,* Francke
7. *Mother's Birthplace,* Maine
8. *Full Name of Father,* Joseph Ducat
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Maine

*Name of Medical Attendant,* or other person who makes this Return, Mary Pott

*Address,* 838 S. Broad St.

*Remarks,*

8970005509

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# RETURN OF A BIRTH. 85474

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Wht. |
| 3. *Date of Birth,* | Aug. 30/47 |
| 4. *Place of Birth, (Street and Number)* | 2513 Salem Av. |
| 5. *Full Name of Mother,* | Mrs David Taylor |
| 6. *Mother's Maiden Name,* | Lizzie Miller |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | David Taylor |
| 9. *Father's Occupation* | Motorman |
| 10. *Father's Birthplace,* | Boston Mass. |
| *Name of Medical Attendant,* or other person who makes this Return, | E. A. Smith M.D. |
| *Address,* | 2531 Penna Ave |
| *Remarks,* | |

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85475

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of August 97.
4. *Place of Birth, (Street and Number)* 236 Old Frederick Road
5. *Full Name of Mother,* Marie Laghlin
6. *Mother's Maiden Name,* Marie Hardy
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Laghlin
9. *Father's Occupation* Mail Carrier
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Friedrike Keiler Midwife

*Address,* 2116 W Pratt St

*Remarks,*

8970005511

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85-476

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 8th |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 29th 1897 |
| 4. *Place of Birth, (Street and Number)* | 914 N Chester Street |
| 5. *Full Name of Mother,* | Anna Lang |
| 6. *Mother's Maiden Name,* | Anna Bellen |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Lang |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Brown Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such attendance upon the mother, immediately after it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 83-477

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | Girl |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 30th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1223 Orleans Street |
| 5. *Full Name of Mother,* | Cora Eck |
| 6. *Mother's Maiden Name,* | Cora Bright |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John Eck |
| 9. *Father's Occupation* | Candymaker |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs H Kroon Midwife |
| *Address,* | 1922 E Fayette Street |
| *Remarks,* | |

8970005513

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85478

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday August 30, 1897
4. Place of Birth, (Street and Number) No 1613 Hasman Alley
5. Full Name of Mother, Eva Kraus
6. Mother's Maiden Name, Eva Hohenberger
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Kraus
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Catherine Hornung

Address, No 1511 Byrd St City

Remarks,

8 9 7 0 0 0 5 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. And be it further enacted, That it shall be the duty of the Commissioner of Health to cause the birth of any child to be registered upon the return of the midwife, or other person in attendance upon the mother, to the office of the Commissioner of Health, and every midwife, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36]

# RETURN OF A BIRTH. 85479

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5,

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 30th 1877

4. Place of Birth, (Street and Number) 267 E Fayette st

5. Full Name of Mother, Maggie A Leon

6. Mother's Maiden Name, " " McMahon

7. Mother's Birthplace, Baltimore city

8. Full Name of Father, Jacob B Leon

9. Father's Occupation Jeweler

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, J Ridgway Andre MD

Address, 1123 E Balto st

Remarks,

8970005515

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

# RETURN OF A BIRTH. 85480

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 30 of August 1897

4. *Place of Birth, (Street and Number)* No 105 Hanford Ave

5. *Full Name of Mother,* Maggie Conway

6. *Mother's Maiden Name,* Nihan

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Charles Conway

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm C. Lucas

*Address,* No 1054 Hanford Ave

*Remarks,* Rel. Cud

1897

84700055516

Wm. J. C. Dulany Co,. City Printers and Stationers.

36.]

# RETURN OF A BIRTH. 85-481

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 st

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 30th.
4. *Place of Birth, (Street and Number)* 2222 E. Lee St Balto.
5. *Full Name of Mother,* Katie Hotman
6. *Mother's Maiden Name,* Katie Bourgee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johnnie Hotman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary M. Taylor

*Address,* 611 S Patterson Park Ave.

*Remarks,*

8970005517

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6

# RETURN OF A BIRTH. 85-482

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30th August 1894
4. Place of Birth, (Street and Number) 2938 Elliott St
5. Full Name of Mother, Katie Hamer. Honnert.
6. Mother's Maiden Name, Honnert.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Frank Hamer Sabre.
9. Father's Occupation Baltimore.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs S Lucas mann

Address, 2922 Elliott St.

Remarks,

84700055518

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, in the form of a certificate between the first and tenth day of each month, and shall be signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85483

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2nd.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* August 7th 30. 1897
4. *Place of Birth, (Street and Number)* Brooklyn Road, Brooklyn A. A. Co. Md.
5. *Full Name of Mother,* Cornelia Jane Pruitt.
6. *Mother's Maiden Name,* Cornelia Jane Carneal.
7. *Mother's Birthplace,* Lloyds, Essex Co., Va.
8. *Full Name of Father,* John Claud Pruitt.
9. *Father's Occupation,* Show-case maker.
10. *Father's Birthplace,* Ellis Grange Md.

*Name of Medical Attendant,* or other person who makes this Return. Margaret A Lambert

*Address,* 2 Forrest St. 122

*Remarks,* Mother Dr Mary D. Mell

8970005519

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-484

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 30th 1897

4. Place of Birth, (Street and Number) 1220 S. Patapsco St.,

5. Full Name of Mother, Mary Kemper

6. Mother's Maiden Name, Mary Daniel

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, A. H. Kemper,

9. Father's Occupation, Porter

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, No. 14. W. Cross St.,

Remarks,

18970005520

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236 | CHILD NAME ADDED 5-5-50

# RETURN OF A BIRTH. 85485

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d. Hazel Dreyer

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 30. (3.45 A. M.)
4. Place of Birth, (Street and Number) 1900 Arguilla Street.
5. Full Name of Mother, Fannie Ellen Dreyer,
6. Mother's Maiden Name, Linch,
7. Mother's Birthplace, Prince George Co. Md.
8. Full Name of Father, Emil A. Dreyer,
9. Father's Occupation Barteuter,
10. Father's Birthplace, Winterthur - Switzerland - Europe.

Name of Medical Attendant, or other person who makes this Return, F. M. Kaune / for the

Address, Mothers Relief Society / 1412 Eutaw Place.

Remarks,

8970005521

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85486

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 30 1897
4. Place of Birth, (Street and Number) 2438 E Fayette St
5. Full Name of Mother, Maggie Francis Seigman
6. Mother's Maiden Name, " Bell
7. Mother's Birthplace, Balto
8. Full Name of Father, Harry L Seigman
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J T Spickmall MD

Address, 14 N Patterson Pk Ave

Remarks,

8 9 7 0 0 0 5 5 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...een collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6]

# RETURN OF A BIRTH. 85487

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 30 - 97
4. Place of Birth, (Street and Number) 2038 E Biddle
5. Full Name of Mother, Carrie A. Jenkins
6. Mother's Maiden Name, " " Evans
7. Mother's Birthplace, Balto
8. Full Name of Father, John H. Jenkins Jr
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1138 N. Bond St

Remarks,

8970005523

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] shall be entered by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85488

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* July 31 97
4. *Place of Birth, (Street and Number)* 1½ 947 Aisquith St
5. *Full Name of Mother,* Helen Kratz
6. *Mother's Maiden Name,* Lape
7. *Mother's Birthplace.* Germany
8. *Full Name of Father,* W. H. Kratz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Wm L. Grau

*Address,* No 1907 E Monument St

*Remarks,*

8970005524

Said Commissioner shall, upon the birth of any child, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

2361

# RETURN OF A BIRTH. 85489

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd. |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | August 31, 1897 |
| 4. *Place of Birth, (Street and Number)* | 713 Cannon St. |
| 5. *Full Name of Mother,* | Barbara Sadler |
| 6. *Mother's Maiden Name,* | Barbara Bittner |
| 7. *Mother's Birthplace,* | Balto. |
| 8. *Full Name of Father,* | John Sadler |
| 9. *Father's Occupation* | Laborer |
| 10. *Father's Birthplace,* | Balto. |
| *Name of Medical Attendant,* or other person who makes this Return, | Mary L. Lanahan |
| *Address,* | 824 S. Caton St. |
| *Remarks,* | |

8970005525

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85490

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chil of Mother, (state whether 1st, ~~2d, 3d~~ &c.)

1. Sex, (~~state whether male or~~ female) Lara Dukehart Abbott
2. Race, Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, August 31 1897.
4. Place of Birth, (Street and Number) 705 N. Carey St.
5. Full Name of Mother, Sarah G. Abbott,
6. Moter's Maiden Name, " " Dukehart,
7. Moner's Birthplace, Baltimore.
8. Ful Name of Father, Chas. N. Abbott,
9. Fther's Occupation Salesman,
10. Fther's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D.

Address, 914 N. Charles St.

Remarks, Sallye Dukehart Abbott — Mother. AUG 5 - 1935

8470005526

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85491

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Eva Katherine Gray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31
4. Place of Birth, (Street and Number) 2445-Druid Hill Ave
5. Full Name of Mother, Maggie Gray
6. Mother's Maiden Name, Maggie Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest Gray
9. Father's Occupation, Repairs Bicycles
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, C. McClain

Address, 2316 Druid Hill Ave

Remarks,

8970005527

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

# RETURN OF A BIRTH. 85492

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White American
3. Date of Birth, August 31st, 1897
4. Place of Birth, (Street and Number) 115 N Lombard
5. Full Name of Mother, Nellie Edwards
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, E. Baynton M.D.

Address, 115 N Lombard

Remarks,

8470005528

Wm. J. C. Dulany Co., City Printers and Stationers.

Any schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85493

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 31 1897

4. Place of Birth, (Street and Number) 336 E Fairmount st

5. Full Name of Mother, Sallie A Bowles

6. Mother's Maiden Name, Sallie A Daniels

7. Mother's Birthplace, Fayetteville N C

8. Full Name of Father, Wesley H Bowles

9. Father's Occupation, Clerk

10. Father's Birthplace, Fayetteville N C

Name of Medical Attendant, or other person who makes this Return. Margaret A Lambert

Address, 1211 E Fairmount st

Remarks, Mother and baby do well

8970005529

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH 85494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 31st 1897 |
| 4. *Place of Birth, (Street and Number)* | 309 W. Hoffman St |
| 5. *Full Name of Mother,* | Abbie Harris Davis |
| 6. *Mother's Maiden Name,* | " " Greene |
| 7. *Mother's Birthplace,* | Norfolk Va |
| 8. *Full Name of Father,* | William D. Davis |
| 9. *Father's Occupation,* | Lt 17th U.S. Inft. |
| 10. *Father's Birthplace,* | Ohio U.S.A. |
| *Name of Medical Attendant,* or other Person who makes this Return | S. A. Bell M.D. |
| *Address,* | 309 W Hoffman St |
| *Remarks,* | |

of the parents, and the maiden name of the mother of such child or children."

...CITY PRINTERS AND STATIONERS

8970005530

# RETURN OF A BIRTH. 85-495

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 5th Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 31st of Aug 1897. |
| 4. *Place of Birth, (Street and Number)* | Baltimore 2nd Almost Minnows. |
| 5. *Full Name of Mother,* | Mary A Newell |
| 6. *Mother's Maiden Name,* | Cordell |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | Joseph M Newell |
| 9. *Father's Occupation* | Car Inspector |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs Mary Kraning |
| *Address,* | # 414 S Stricker St Baltimore Md |
| *Remarks,* | Mother and Child are doing well |

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005531

# RETURN OF A BIRTH. 85496

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, August 31 1897
4. Place of Birth, (Street and Number) 1509 N. Franklin St.
5. Full Name of Mother, Rosina St. Bicker
6. Mother's Maiden Name, " " Nichols
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. N. Bicker
9. Father's Occupation Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8970005532

Wm. J. C. Dulany Co., City Printers and Stationers.

236.]

# RETURN OF A BIRTH. 85497

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother,* (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6th Child

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White Child
3. *Date of Birth,* 21th August 1897
4. *Place of Birth,* (*Street and Number*) No 1428 E Fort Ave. L. P.
5. *Full Name of Mother,* Annie Burns
6. *Mother's Maiden Name,* " Moren
7. *Mother's Birthplace,* Leland
8. *Full Name of Father,* James Burns
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Leland

*Name of Medical Attendant,* or other person who makes this Return, Lizzie Schauffler

*Address,* No 6 Fort 17 Dd

*Remarks,*

8970005533

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85498

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 9th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* aug 31' 97
4. *Place of Birth, (Street and Number)* 1909 Sherwood Place
5. *Full Name of Mother,* Lizzie Miller
6. *Mother's Maiden Name,* Lizzie Towers
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Adam Miller
9. *Father's Occupation* Carpenter & Builder
10. *Father's Birthplace,* Scotland

*Name of Medical Attendant,* or other person who makes this Return, G & E Vogler M. D.

*Address,* 1230 E North ave

*Remarks,*

8970005534

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[36]

# RETURN OF A BIRTH. 85499

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 31th August. 1897.
4. Place of Birth, (Street and Number) 1224 Hall st.
5. Full Name of Mother, Martha Schlabinski
6. Mother's Maiden Name, Kolski
7. Mother's Birthplace, Germany.
8. Full Name of Father, Frank Schlabinski
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, M. A. P. Liersemann.

Address, 2922 Elliott St.

Remarks,

8970005535

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

# RETURN OF A BIRTH. 85500

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31th August
4. Place of Birth, (Street and Number) 1154 Bowen Str
5. Full Name of Mother, Martha Koch
6. Mother's Maiden Name, Linder
7. Mother's Birthplace, Germany
8. Full Name of Father, Emil Koch
9. Father's Occupation Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. A. M. Bisset

Address, 1231 S. Bl. St.

Remarks.

8470005536

Been committed; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85501

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 31 st.
4. *Place of Birth, (Street and Number)* Lemmon St. 504
5. *Full Name of Mother,* Sara Elizabeth
6. *Mother's Maiden Name,* Mary Hays.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Lawrence
9. *Father's Occupation* Farm.
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Mary M Taylor

*Address,* 611 N. Patterson Pk. Ave.

*Remarks,*

8 9 7 0 0 0 5 5 3 7

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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236

# RETURN OF A BIRTH. 85502

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | Light brown skin |
| 3. *Date of Birth,* | August the 31st 1897 |
| 4. *Place of Birth, (Street and Number)* | Pierce st & 26 |
| 5. *Full Name of Mother,* | alice f Holley |
| 6. *Mother's Maiden Name,* | alice f Brown |
| 7. *Mother's Birthplace,* | Richmond Va |
| 8. *Full Name of Father,* | Henry S Holley |
| 9. *Father's Occupation* | Cook |
| 10. *Father's Birthplace,* | North Carolina |
| *Name of Medical Attendant,* or other person who makes this Return, | Lydia Somerville |
| *Address,* | 616 Clinton ave |
| *Remarks,* | |

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85503

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 Aug 1899
4. *Place of Birth, (Street and Number)* 512 West St
5. *Full Name of Mother,* Julia Selvern
6. *Mother's Maiden Name,* Julia Moore
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Horace Moore
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

*Name of Medical Attendant,* or other person who makes this Return, Abrillar Brooks

*Address,* 1132 Warner

*Remarks,* Well as can be expected mother is

8 9 7 0 0 0 5 5 3 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85504

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* August 31. 1897
4. *Place of Birth, (Street and Number)* 1012 Bruce Street.
5. *Full Name of Mother,* Clara Hall.
6. *Mother's Maiden Name,* Lillie.
7. *Mother's Birthplace,* Green Spring Valley.
8. *Full Name of Father,* Robert Hall.
9. *Father's Occupation* Laboring.
10. *Father's Birthplace,* Baltimore Md.

*Name of Medical Attendant,* or other person who makes this Return, Mary C Jones

*Address,* 1021 Saratoga St Balto Md

*Remarks,*

8970005540

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85505

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* F

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Col'd

3. *Date of Birth,* Aug 31 1897

4. *Place of Birth, (Street and Number)* 1 J. H. H.

5. *Full Name of Mother,* Mary Brade

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Henry Smith

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Maryland

*Name of Medical Attendant,* or other person who makes this Return, Geo. W. Dobbin M. D.

*Address,* 1 Ho J. H. H.

*Remarks,*

1897 0005541

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# RETURN OF A BIRTH 85506

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 4 |
| 1. *Sex, (State whether male or female)* | Male |
| 2. *Race or color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 2nd |
| 4. *Place of Birth, (Street and Number)* | #705 Ramsay Street |
| 5. *Full Name of Mother,* | Lizzie Hagger. |
| 6. *Mother's Maiden Name,* | Mercer |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jacob Hagger |
| 9. *Father's Occupation,* | Glass Blower |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return. | Florence B. Thaler |
| *Address,* | #704 Fremont Ave. |
| *Remarks,* | |

8470005542

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85507

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 7th |
| 1. *Sex, (state whether male or female)* | Female. |
| 2. *Race or Color, (if not of the white race)* | Colored. |
| 3. *Date of Birth,* | 20th. of August 1897. |
| 4. *Place of Birth, (Street and Number)* | 1624 Vincent street |
| 5. *Full Name of Mother,* | Sarah E. Parker. |
| 6. *Mother's Maiden Name,* | Sarah E. Diggs. |
| 7. *Mother's Birthplace,* | Calvert Co. Md |
| 8. *Full Name of Father,* | John Parker. |
| 9. *Father's Occupation* | Driver. |
| 10. *Father's Birthplace,* | Calvert Co. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | |
| *Address,* | 1610 Vincent St. |
| *Remarks,* | Sarah Robbins. |

8 7 7 0 0 0 5 5 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85508

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Sixth |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 21st 1897 |
| 4. *Place of Birth, (Street and Number)* | 1006 E. Federal St. |
| 5. *Full Name of Mother,* | Alverda Wrakley. |
| 6. *Mother's Maiden Name,* | Alverda Swift |
| 7. *Mother's Birthplace,* | Balto. Co. Md. |
| 8. *Full Name of Father,* | Jno. D. Wrakley. |
| 9. *Father's Occupation,* | Machinest |
| 10. *Father's Birthplace,* | Balto. Co. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | C. R. Shoemaker M.D. |
| *Address,* | 1735 Aisquith St. |
| *Remarks,* | |

8 9 7 0 0 0 5 5 4 4

Wm J C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85509

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Saturday August 21 1897
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Supt Standard Oil Co
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Mrs Blanche [illegible]

*Address,* 731 Cumberland St

*Remarks,*

8 4 7 0 0 8 5 5 4 5

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Said certificate shall be delivered, duly signed by the physician or midwife in attendance, or by the father or mother of the child, or householder in the house in which the birth occurred, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85510

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Naomi Ernest

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3d |
| 1. *Sex, (state whether male or female)* | female |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Jan 21, 1896 |
| 4. *Place of Birth, (Street and Number)* | 4 N. Cross St |
| 5. *Full Name of Mother,* | Annie Ernest |
| 6. *Mother's Maiden Name,* | Kuhn |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Lud. Ernest |
| 9. *Father's Occupation* | Meter Maker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant, or other person who makes this Return.* | H. E. Kuhn M.D. |
| *Address,* | 523 Scott St. |
| *Remarks,* | GIVEN NAME ADDED. 2-25-52 |

8 7 7 U 0 0 5 5 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85511

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Male

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colred
3. *Date of Birth,* Aug 26 th
4. *Place of Birth, (Street and Number)* 610 Chappel St
5. *Full Name of Mother,* Frances Prescow
6. *Mother's Maiden Name,* Frances Louis
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Jer T Prescow
9. *Father's Occupation* Labor work
10. *Father's Birthplace,* Baltimore Md

*Name of Medical Attendant,* or other person who makes this Return, Sarah Rollins

*Address,* No 610 Chapel St

*Remarks,*

8 9 7 0 0 0 5 5 4 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

The parents shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 56572

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, August 28th
4. Place of Birth, (Street and Number) # 1134 Pinkney 2d
5. Full Name of Mother, Birdie Hagger
6. Mother's Maiden Name, " Londeree
7. Mother's Birthplace, Ballinger
8. Full Name of Father, William Hagger
9. Father's Occupation, Glass Blower
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Thater

Address, # 709 Fremont Ave.

Remarks, -

the office of the Commissioner of Health. In case the birth of any child a physician or practitioner of midwifery or should no other person be in ately thereafter it shall become the duty of the person or parents of such missioner of Health, in the manner and within the period above required, and l hereafter fail to comply with the provisions of this section shall be sub- each offence to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office shall occur without the attendance of a physician attendance upon the mother, immediately th child to report its birth to the Commissioner any such person or persons who shall hereafter jected to the fine of ten (10) dollars for each offe

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# RETURN OF A BIRTH. 85513

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | white |
| 3. *Date of Birth,* | Aug 29, 1897 |
| 4. *Place of Birth, (Street and Number)* | 112 S. Cleveland St. |
| 5. *Full Name of Mother,* | Sarah Geary |
| 6. *Mother's Maiden Name,* | Sarah McGrath |
| 7. *Mother's Birthplace,* | Ireland |
| 8. *Full Name of Father,* | Michael Geary |
| 9. *Father's Occupation,* | Fireman |
| 10. *Father's Birthplace,* | Ireland |
| *Name of Medical Attendant,* or other person who makes this Return. | H. E. Knipp M.D. |
| *Address,* | 523 Scott St. |
| *Remarks,* | |

8970005549

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85514

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1st |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 30 '97 |
| 4. *Place of Birth, (Street and Number)* | 1534 N Ensor St |
| 5. *Full Name of Mother,* | Florida Wilkerson |
| 6. *Mother's Maiden Name,* | " Price |
| 7. *Mother's Birthplace,* | Balto Co. |
| 8. *Full Name of Father,* | J. D. Wilkinson |
| 9. *Father's Occupation* | Railroader |
| 10. *Father's Birthplace,* | Virginia |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J. Watson |
| *Address,* | 1601 N Broadway |
| *Remarks,* | |

8970005550

said scheme shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85515

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored Race
3. *Date of Birth,* August 30th 1897
4. *Place of Birth, (Street and Number)* York street 210 Baltr. City
5. *Full Name of Mother,* Martha E. Hackett
6. *Mother's Maiden Name,* Martha E. Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William H. Hackett
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore City

*Name of Medical Attendant,* or other person who makes this Return, Mary Mitchell

*Address,* 11 West York Street

*Remarks,*

1897 0005551

Wm. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85516

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white baby
3. Date of Birth, 31st of August
4. Place of Birth, (Street and Number) 2348 Stockton St.
5. Full Name of Mother, Augusta Beyer
6. Mother's Maiden Name, Gusta Zikal
7. Mother's Birthplace, in Germany
8. Full Name of Father, Charles F Beyer
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dr. J Shoekney

Address, 731 Cumberland St

Remarks,

8 4 7 0 0 0 5 5 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85-517

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 12 th 1897
4. Place of Birth, (Street and Number) 1133 Division St
5. Full Name of Mother, Miss Annie Washington
6. Mother's Maiden Name, Miss Annie Washington
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Smith
9. Father's Occupation Coachman
10. Father's Birthplace, Sutherville

Name of Medical Attendant, or other person who makes this Return, Charlotte Goldsborough

Address, # 1115 Division Street

Remarks,

8970005553

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85518

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 5, 1897
4. Place of Birth, (Street and Number) 1524 Runnels Ave.
5. Full Name of Mother, Ella A. Young
6. Mother's Maiden Name, [illegible] Callaigan
7. Mother's Birthplace, Tamaqua, Pa.
8. Full Name of Father, John A. Young
9. Father's Occupation Brakeman
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, Robt. C. E. Eckhardt M.D.

Address, 1458 Runnels Ave.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85-579

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 5 1897
4. Place of Birth, (Street and Number) 66 W. Lexington pl.
5. Full Name of Mother, Fannie Pfeffer
6. Mother's Maiden Name, Klein
7. Mother's Birthplace, Greencastle Pa.
8. Full Name of Father, Robert A. Pfeffer
9. Father's Occupation Pharmacist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Robt. F. Scheidt M.D.

Address, 1858 Fulton Ave.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85520

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 5th 1897
4. *Place of Birth, (Street and Number)* 1120 Saratoga St
5. *Full Name of Mother,* Ida May Simmons
6. *Mother's Maiden Name,* Ida May Martin
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Robert Gassaway Simmons
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace,* Frederick Co Md

*Name of Medical Attendant,* or other person who makes this Return Jas E. Gibbons M.D.

*Address,* 1102 W. Lafayette Ave

*Remarks,*

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8970005556

# RETURN OF A BIRTH. 85521

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Aug. 11th '47
4. *Place of Birth, (Street and Number)* Clifton Ave Bet. 9th & 10th Sts.
5. *Full Name of Mother,* Lulu Mott
6. *Mother's Maiden Name,* Lulu Dunbar
7. *Mother's Birthplace,* Pittsburg Penn.
8. *Full Name of Father,* Charles Mott
9. *Father's Occupation* Real Estate
10. *Father's Birthplace,* Memphis Tenn.

*Name of Medical Attendant,* or other person who makes this Return, J. H. Zebley M.D.

*Address,* Woodbrook

*Remarks,* City

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# RETURN OF A BIRTH. 85522

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 6th |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 13-97 |
| 4. *Place of Birth, (Street and Number)* | 1768 E. North ave. |
| 5. *Full Name of Mother,* | Emily Cogswell Rawlings |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Balto. Md. |
| 8. *Full Name of Father,* | Charles Cogswell |
| 9. *Father's Occupation* | Carpenter |
| 10. *Father's Birthplace,* | Balto. Md. |
| *Name of Medical Attendant, or other person who makes this Return,* | ~~Morton~~ H. A. Meyer M. D. |
| *Address,* | 1033 N. Caroline st. |
| *Remarks,* | |

8970005558

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85523

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 15' 1897
4. Place of Birth, (Street and Number) 1516 Boyle st.
5. Full Name of Mother, Katie Hooper
6. Mother's Maiden Name, Luckhardt
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Maurice Hooper
9. Father's Occupation Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Robt. P. P. Lehnich M.D.

Address, 1458 Riverside Av.

Remarks,

This Return must be filled out only as signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 88524

GIVEN NAME ADDED 2-5-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John William ~~Lease~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 14th 1897
4. Place of Birth, (Street and Number) 1708 W Lafayette Ave
5. Full Name of Mother, Bertha Lease
6. Mother's Maiden Name, Tibbalds
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Lease
9. Father's Occupation Clerk in Post Office Dept
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, John Neff M.D.

Address, 1701 E. Lafayette Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85525

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 20th 1897
4. *Place of Birth, (Street and Number)* 1414 W. Baltimore St.
5. *Full Name of Mother,* Catherine Russell
6. *Mother's Maiden Name,* Gillis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Hezekiah Russell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, John Kelly M.D. Asst. Resident Physician

*Address,*

*Remarks,*

8970005561

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# RETURN OF A BIRTH. 85526

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 21st 17

4. Place of Birth, (Street and Number) 2010 McElderry st.

5. Full Name of Mother, Clara Hays

6. Mother's Maiden Name, Harvey

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Samuel Hays

9. Father's Occupation Clerk

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, ~~Fowler~~ H. A. Meyer M. D.

Address, 1033 N. Caroline St.

Remarks,

8970005562

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85527

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 24. 1897.
4. *Place of Birth, (Street and Number)* Exeter St 119.
5. *Full Name of Mother,* Sarah Cuggleman.
6. *Mother's Maiden Name,* " Klytansky.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Myer Cuggleman
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Mrs. E. Scherman.

*Address,* 42 Albemarle St.

*Remarks,*

8970005563

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# RETURN OF A BIRTH. 85528

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 6th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 1

4. *Place of Birth, (Street and Number)* 1 E 20th St Baltimore

5. *Full Name of Mother,* Mrs Katie R Seitz

6. *Mother's Maiden Name,* Katie R Sowers

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Mr Chas D Seitz

9. *Father's Occupation* Engineer

10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return. Mary Keller

*Address,* 812 N Hamburg

*Remarks,*

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*occupation of its parents, the date and place of birth; and the been conferred its sex, color, the full name and occupation of the shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.*

# RETURN OF A BIRTH. 85529

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 23 rd 1927
4. Place of Birth, (Street and Number) 1117 Morris St
5. Full Name of Mother, Ada R. Read
6. Mother's Maiden Name, Ada R Beal
7. Mother's Birthplace, St Mary County
8. Full Name of Father, John Read
9. Father's Occupation Farmer
10. Father's Birthplace, St Mary County

Name of Medical Attendant, or other person who makes this Return, Nurse Tenant

Address, 507 Preston St

Remarks.

8970005565

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85530

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1022 E. Chase St. |
| 5. *Full Name of Mother,* | Annie E. Hoffman |
| 6. *Mother's Maiden Name,* | Annie E. Milam |
| 7. *Mother's Birthplace,* | Pennsylvania |
| 8. *Full Name of Father,* | Andrew Hoffman |
| 9. *Father's Occupation* | Upholsterer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jefferson Buck |
| *Address,* | 1051 Aisquith St. |
| *Remarks,* | |

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been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85531

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 27th 1893 |
| 4. *Place of Birth, (Street and Number)* | 1324 Lucas St. |
| 5. *Full Name of Mother,* | Margaret J. Taylor |
| 6. *Mother's Maiden Name,* | " " McCleary |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | James W. W. Taylor |
| 9. *Father's Occupation* | Waiter |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Lafayette Bucca |
| *Address,* | 1051 Virginia St. |
| *Remarks,* | |

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85532

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Each Certificate as to sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 28th of Aug. 1897 |
| 4. *Place of Birth, (Street and Number)* | 119 Fredirick St. |
| 5. *Full Name of Mother,* | Matilda Cryseata Kline |
| 6. *Mother's Maiden Name,* | " Nagler |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | John L. Kleine |
| 9. *Father's Occupation* | Butcher |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs E. Scherman |
| *Address,* | 42 Albemarle St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

# RETURN OF A BIRTH. 85533

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 29th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1011 Valley St |
| 5. *Full Name of Mother,* | Nellie Pate |
| 6. *Mother's Maiden Name,* | Nellie Rigney |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Jefferson Pate |
| 9. *Father's Occupation* | Clerk |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | Dr. Jeffries Beach |
| *Address,* | 1051 Asquith St |
| *Remarks,* | |

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85534

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 2nd Child |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 29th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1023 Eastern Ave. |
| 5. *Full Name of Mother,* | Kate Enzichs. |
| 6. *Mother's Maiden Name,* | " Cook. |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | Fred Enzichs |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Mrs E Scherman |
| *Address,* | 42 Albemarle St. |
| *Remarks,* | |

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...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85535

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of aldwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 27 th 1877
4. Place of Birth, (Street and Number) 124 Preston St.
5. Full Name of Mother, Mary Slater
6. Mother's Maiden Name, Mary Ford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Slater
9. Father's Occupation Cook
10. Father's Birthplace, St Mary County

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 509 Preston St.

Remarks,

8 7 7 0 0 0 5 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85536

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3rd Child |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 29. 1897. |
| 4. *Place of Birth, (Street and Number)* | 250 Exeter St. |
| 5. *Full Name of Mother,* | Sena Zatelin |
| 6. *Mother's Maiden Name,* | " Goldberg |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Millie Zatelin. |
| 9. *Father's Occupation* | Tailor |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs E. Scherman. |
| *Address,* | 42. Albemarle St. |
| *Remarks,* | |

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 85537

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 1 |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | 30 August |
| 4. *Place of Birth, (Street and Number)* | 1125 W Hamburg St |
| 5. *Full Name of Mother,* | Annie T Mary |
| 6. *Mother's Maiden Name,* | Annie T Mather |
| 7. *Mother's Birthplace,* | Baltimore Md |
| 8. *Full Name of Father,* | W. D. Mears |
| 9. *Father's Occupation* | Gas Fitters |
| 10. *Father's Birthplace,* | Baltimore Md |
| *Name of Medical Attendant,* or other person who makes this Return. | Mary Mather |
| *Address,* | 412 W Hamburg |
| *Remarks,* | |

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# RETURN OF A BIRTH. 85538

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the case of a birth attended by a physician or practitioner of midwifery, within ten days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 7'

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 31 1897
4. *Place of Birth, (Street and Number)* 1100 Riverside Av.
5. *Full Name of Mother,* Marcellana North
6. *Mother's Maiden Name,* Ozman
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Geo. H. North
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Dorchester Co. Md.

*Name of Medical Attendant,* or other person who makes this Return, Robt. P. Co. Schuck M.D.

*Address,* 145 E. Riverside Av.

*Remarks,*

84700055741

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# RETURN OF A BIRTH. 85539

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored Female
3. Date of Birth, August 14 1897
4. Place of Birth, (Street and Number) 1030 S Eutaw st
5. Full Name of Mother, Mathia Francis Brown
6. Mother's Maiden Name, Mathia Groll
7. Mother's Birthplace, Calvert County
8. Full Name of Father, moses Jabez Brown
9. Father's Occupation Laborer of any kind
10. Father's Birthplace, Baltimore S Howard st

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum alley

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as aforesaid, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 85540

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, August 15 1897

4. Place of Birth, (Street and Number) 1303 Hillman St

5. Full Name of Mother, ~~Catherine A Bryan~~ Mrs Lardner

6. Mother's Maiden Name, Catherine A Bryan

7. Mother's Birthplace, Co Sligo Ireland

8. Full Name of Father, John Lardner

9. Father's Occupation Foreman McR.Rd

10. Father's Birthplace, Co Galway Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Woodson

Address,

Remarks,

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month, the name, if any, sex, color, the full name and occupation of its parents, the date and place of birth, first and been conferred) its sex; and the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85541

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | 3 Child |
| 1. *Sex, (state whether male or female)* | Femail |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | August 15 1897 |
| 4. *Place of Birth, (Street and Number)* | #2222 York Road. |
| 5. *Full Name of Mother,* | Mary. Musabe |
| 6. *Mother's Maiden Name,* | Mary. Carbary |
| 7. *Mother's Birthplace,* | Germany |
| 8. *Full Name of Father,* | George Mused |
| 9. *Father's Occupation* | Baker |
| 10. *Father's Birthplace,* | Germany |
| *Name of Medical Attendant,* or other person who makes this Return, | Mrs. Worden |
| *Address,* | 1[illegible] E. Fayette St. |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 85542

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Louis Baker

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Aug. 16 1897
4. *Place of Birth*, (*Street and Number*) 706 Gilmanly St
5. *Full Name of Mother*, Lena Baker
6. *Mother's Maiden Name*, Lena Cheaperman
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Isaac Baker
9. *Father's Occupation* Barber
10. *Father's Birthplace*, Russia

*Name of Medical Attendant*, or other person who makes this Return, Rosa Finsberg

*Address*, 23 Lloyd St

*Remarks*,

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month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner he in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 86543

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 2d

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 23 Aug 1877

4. *Place of Birth, (Street and Number)* 269 Radnor ave

5. *Full Name of Mother,* Mrs. Otto Krueger

6. *Mother's Maiden Name,* Mary Rubin

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Hyam Krueger

9. *Father's Occupation* Painter.

10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Boaz Finebury

*Address,* 23 E. Lloyd St

*Remarks,*

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# RETURN OF A BIRTH. 85544

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Jessie May Martin

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 23
4. *Place of Birth, (Street and Number)* Hutton St 425
5. *Full Name of Mother,* Hattie Martin
6. *Mother's Maiden Name,* Hattie Hughes
7. *Mother's Birthplace,* Born Potts Counties
8. *Full Name of Father,* Charles E Martin
9. *Father's Occupation* Carpenter Laborer
10. *Father's Birthplace,* Balto County

*Name of Medical Attendant,* or other person who makes this Return, H W Hooden M.D.

*Address,* 1 W Lafayette Ave

*Remarks,*

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth, and the full name and occupation of the mother before marriage, and shall state whether the child is the first and been conferred) its sex, color, the full name and occupation of the physician or practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85545

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 2nd, 1897
4. *Place of Birth, (Street and Number)* 1621 N. Carey
5. *Full Name of Mother,* Mrs Annie Knowles
6. *Mother's Maiden Name,* Miss Annie Wilson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas Knowles
9. *Father's Occupation* Pipe-Fitter
10. *Father's Birthplace,* England (Manchester)

*Name of Medical Attendant,* or other person who makes this Return, Is Hammond M.D.

*Address,* 510 Park ave

*Remarks,*

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# RETURN OF A BIRTH. 85546

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 25 1897

4. *Place of Birth, (Street and Number)* 222 Albemarle St

5. *Full Name of Mother,* Lilly Levin Yaselson

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Abraham Levin

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Russia

*Name of Medical Attendant,* or other person who makes this Return, Rosa Finkelstein

*Address,* 23 Lloyd St

*Remarks,*

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Wm. J. C. Dulany Co,. City Printers and Stationers.

**Health.** This schedule shall contain the full name of each child, (if any shall have been conferred,) its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, as ascertained as far as the same can be ascertained. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the attendant or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 85577

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

**Health.** This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | |
| 3. *Date of Birth,* | Aug. 21 - 1897 |
| 4. *Place of Birth, (Street and Number)* | 1709 E. Lafayette Ave |
| 5. *Full Name of Mother,* | Malinda Weaver |
| 6. *Mother's Maiden Name,* | Malinda Dinhar |
| 7. *Mother's Birthplace,* | Balto. Md |
| 8. *Full Name of Father,* | Wm Greene |
| 9. *Father's Occupation* | Bricklayer |
| 10. *Father's Birthplace,* | Balto. Md |
| *Name of Medical Attendant,* or other person who makes this Return, | Wm J. Watson |
| *Address,* | 1601 N. Broadway |
| *Remarks,* | |

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1336]

# RETURN OF A BIRTH. A-85348

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Third |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug. 26th 1897 |
| 4. *Place of Birth, (Street and Number)* | 2203 Ruskin ave |
| 5. *Full Name of Mother,* | Emma Louise Fuller |
| 6. *Mother's Maiden Name,* | Emma Louise King |
| 7. *Mother's Birthplace,* | Baltimore, Md. |
| 8. *Full Name of Father,* | Henry Clayton Fuller |
| 9. *Father's Occupation* | Cashier Hotel Rennert |
| 10. *Father's Birthplace,* | Toms Brook, Shenandoah Co. Va |
| *Name of Medical Attendant,* or other person who makes this Return, | C. Hampson Jones M.D. |
| *Address,* | 211 W. Franklin St |
| *Remarks,* | |

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 85629

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 August 1897
4. *Place of Birth, (Street and Number)* 825 Middleton st
5. *Full Name of Mother,* Mrs Anna Amelung
6. *Mother's Maiden Name,* Mrs Anna Mills
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Herman Amelung
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, Geo Harris

*Address,* 818 Stricker

*Remarks,* Name spelt mistake

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Wm. J. C. Dulany Co., City Printers and Stationers.

# RETURN OF A BIRTH. 88560

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Ninth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | Aug 16th 1897 |
| 4. *Place of Birth, (Street and Number)* | 1602 Williamson St. |
| 5. *Full Name of Mother,* | Mary W. Schmitz |
| 6. *Mother's Maiden Name,* | Cassidy |
| 7. *Mother's Birthplace,* | Balto |
| 8. *Full Name of Father,* | Theodor Schmitz |
| 9. *Father's Occupation* | Driver |
| 10. *Father's Birthplace,* | Balto |
| *Name of Medical Attendant, or other person who makes this Return,* | S. H. Schnorr M.D. |
| *Address,* | 801 E Eager St. |
| *Remarks,* | |

8970005586

Wm. J. C. Dulany Co., City Printers and Stationers.

6.]

# RETURN OF A BIRTH.

56567

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 17th 1899

4. *Place of Birth, (Street and Number)* 1618 Mc Henry St

5. *Full Name of Mother,* Emma R. Dilley

6. *Mother's Maiden Name,* Roland

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Bernard J. Dilley

9. *Father's Occupation* Salesman

10. *Father's Birthplace,* Balto

*Name of Medical Attendant, or other person who makes this Return,* J. H. Stone M.D.

*Address,* 1501 E. Eager St

*Remarks,*

8970005587

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36.]

# RETURN OF A BIRTH. 86382

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* Ninth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 1st 1897
4. *Place of Birth, (Street and Number)* 1852 N. Chester
5. *Full Name of Mother,* Kate Will
6. *Mother's Maiden Name,* Haberkamm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Will
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

*Name of Medical Attendant,* or other person who makes this Return, J. W. Selmer.

*Address,* 1501 E. Eager St.

*Remarks,*

8970005588

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

# RETURN OF A BIRTH. 86383

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 20th 97.
4. Place of Birth, (Street and Number) 414 Calvin Ave.
5. Full Name of Mother, Alice Ida Howard
6. Mother's Maiden Name, Geyer
7. Mother's Birthplace, Phila.
8. Full Name of Father, Howard T. Howard
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Hartlett

Address, 815 Jefferson Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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# RETURN OF A BIRTH. 91864

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| *No. of Child of Mother, (state whether ~~1st~~ 2d, ~~3d, &c.~~)* | Second |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | Colored |
| 3. *Date of Birth,* | August 21st ~~Baltimore~~ |
| 4. *Place of Birth, (Street and Number)* | 862 Rabaug St |
| 5. *Full Name of Mother,* | Harriet Salter |
| 6. *Mother's Maiden Name,* | |
| 7. *Mother's Birthplace,* | Baltimore |
| 8. *Full Name of Father,* | Charles Harrison |
| 9. *Father's Occupation* | Porter. |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant, or other person who makes this Return,* | Louisa Lane |
| *Address,* | 622 Sarah Ann St |
| *Remarks,* | |

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month, and shall state the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

96.]

# RETURN OF A BIRTH. 86335

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | First |
| 1. *Sex, (state whether male or female)* | Female |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 23rd 1897 |
| 4. *Place of Birth, (Street and Number)* | 1207 N. Canal St |
| 5. *Full Name of Mother,* | Mary A. Smith |
| 6. *Mother's Maiden Name,* | Cripps |
| 7. *Mother's Birthplace,* | Baltimore City |
| 8. *Full Name of Father,* | Ferdinand L. Smith |
| 9. *Father's Occupation* | Filer |
| 10. *Father's Birthplace,* | Baltimore |
| *Name of Medical Attendant,* or other person who makes this Return, | L. W. Feldner |
| *Address,* | 001 O. Dager St |
| *Remarks,* | |

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95866

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 5-th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 26th 97.
4. *Place of Birth, (Street and Number)* 1165 York road
5. *Full Name of Mother,* Margaret McLaughlin O'Neill
6. *Mother's Maiden Name,* Bally
7. *Mother's Birthplace,* Joseph F. McLaughlin
8. *Full Name of Father,* Brkm Car Conductor
9. *Father's Occupation* Balto
10. *Father's Birthplace,* J. F. McLaughlin M.D.

*Name of Medical Attendant, or other person who makes this Return,*

*Address,* 815 Jefferson Ave

*Remarks,*

8970005592

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and office of the Commissioner of Health. In case the birth of any child third day of each and every month to the physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 88557

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Martin W. Carp

| | |
|---|---|
| *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* | Eighth |
| 1. *Sex, (state whether male or female)* | Male |
| 2. *Race or Color, (if not of the white race)* | White |
| 3. *Date of Birth,* | August 28th, 1897 |
| 4. *Place of Birth, (Street and Number)* | 372 Forrest St. |
| 5. *Full Name of Mother,* | Dora Carp |
| 6. *Mother's Maiden Name,* | Borofki |
| 7. *Mother's Birthplace,* | Russia |
| 8. *Full Name of Father,* | Samuel Carp |
| 9. *Father's Occupation* | Merchant |
| 10. *Father's Birthplace,* | Russia |
| *Name of Medical Attendant,* or other person who makes this Return, | L. N. Seldner |
| *Address,* | 607 S. Eager St. |
| *Remarks,* | |

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Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

96585

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 29th 1897.

4. Place of Birth, (Street and Number) 614 Forest St.

5. Full Name of Mother, Lenora Reynolds

6. Mother's Maiden Name, Saunders

7. Mother's Birthplace, Balto

8. Full Name of Father, Frank Reynolds

9. Father's Occupation Restaurant Keeper

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. S. Hartung

Address, 815 Jefferson Ave

Remarks,

been collected as to sex, color, the particulars and occupation of the father, the certificate and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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85889

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 31st 1897
4. Place of Birth, (Street and Number) 1427 E. Eager St.
5. Full Name of Mother, Mary Schwartz
6. Mother's Maiden Name, Bauerhauer
7. Mother's Birthplace, Memphis Tenn.
8. Full Name of Father, Wm. Schwartz
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. W. Selbert

Address, 1001 E. Eager St.

Remarks,

8970005595

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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# RETURN OF A BIRTH. 80260

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 31st 1897.
4. *Place of Birth, (Street and Number)* 870 Eastfork Ave.
5. *Full Name of Mother,* Susan E.
6. *Mother's Maiden Name,* Bevans
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William E. Carnady
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Md.

*Name of Medical Attendant, or other person who makes this Return,* J. S. Hartung.

*Address,* 815 Jefferson Ave

*Remarks,*

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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mother, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the number conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8676

# RETURN OF A BIRTH.

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

| | |
|---|---|
| No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) | 3 |
| 1. Sex, (state whether male or female) | male |
| 2. Race or Color, (if not of the white race) | white |
| 3. Date of Birth, | Aug - 31 - 97 |
| 4. Place of Birth, (Street and Number) | 1035 Ausquith st. |
| 5. Full Name of Mother, | Barbara Pfeffer |
| 6. Mother's Maiden Name, | " Schad |
| 7. Mother's Birthplace, | Germany |
| 8. Full Name of Father, | John Pfeffer |
| 9. Father's Occupation | Tailor |
| 10. Father's Birthplace, | Germany |
| Name of Medical Attendant, or other person who makes this Return, | P. G. Dauschund |
| Address, | 1731 E. Baltimore st. |
| Remarks, | |

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# RETURN OF A BIRTH. 86662

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 3. 1897
4. Place of Birth, (Street and Number) 1333 Valley St.
5. Full Name of Mother, Emma Elizth Krull
6. Mother's Maiden Name, " J. Thomas
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Fred. Christian Krull
9. Father's Occupation Silversmith
10. Father's Birthplace, Hanover, Germany

Name of Medical Attendant, or other person who makes this Return, Jos A Hartman M.D.

Address, 1121 N Carolina St.

Remarks,

8970005598

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 88863

## To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: T. King McCubbin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 7, 1897
4. Place of Birth, (Street and Number) 1004 N. Fulton Ave.
5. Full Name of Mother, Ida J. McCubbin
6. Mother's Maiden Name, " " Eaton
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Jno L. McCubbin Jr.
9. Father's Occupation Real Estate agt. BANK.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A. Hartman M.D.

Address, 1121 N Carlton St.

Remarks,

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Every birth occurring without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## CERTIFICATE OF CAMERA OPERATOR

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BY Linda Walley
(SIGNATURE OF OPERATOR)

DATE 9/19/78

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